DOCUMENT RESUME

ED 260 531 EC 180 295

TITLE	Community Services for Mental Retardation. Three Year Plan, July 1982-June 1985.
INSTITUTION	Kentucky State Dept. for Human Resources, Frankfort. Div. for Community Services for Mental Retardation.
PUB DATE	Oct 81
NOTE	524p.; Prepared by the Kentucky Citizens' Planning Council for Community Mental Retardation Services.
PUB TYPE	Reports - Descriptive (141) -- Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF02/PC21 Plus Postage.
DESCRIPTORS	Community Resources; *Community Services; *Delivery Systems; Elementary Secondary Education; Financial Policy; *Mental Retardation; Needs Assessment; Program Administration; *Program Development; *Regional Programs; *State Programs
IDENTIFIERS	*Kentucky

ABSTRACT

The document presents Kentucky's 3-year plan for services to persons with mental retardation. The plan is the product of volunteers serving in an advisory role to the Kentucky Citizen's Planning Council and contains input from over 300 citizens from around the state. An initial section offers the Council's recommendations for improving services, including development of strong public information programs and formation of a coalition of consumer and advocacy organizations. The planning process and structure involved in the Council are reviewed. Chapter 2 portrays the state's service system with descriptions of mental retardation services, local school districts, state oriented programs, private facilities, consumer groups, and the state's regional system. An ideal system is delineated in terms of philosophical base, goals, and service continuity. Kentucky's current system is then detailed for each of its 15 regions. Each description touches upon structure, services provided by region, services provided by private affiliates of the region, other services within the region operated privately, and community resources. Three final chapters address (1) the needs assessment process and findings; (2) goals and objectives of the planning process; and (3) fiscal information, including the annual budget process and financing of community services to persons with mental retardation. (CL)

****
*   Reproductions supplied by EDRS are the best that can be made   *
*   from the original document.   *
****

ED260531

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

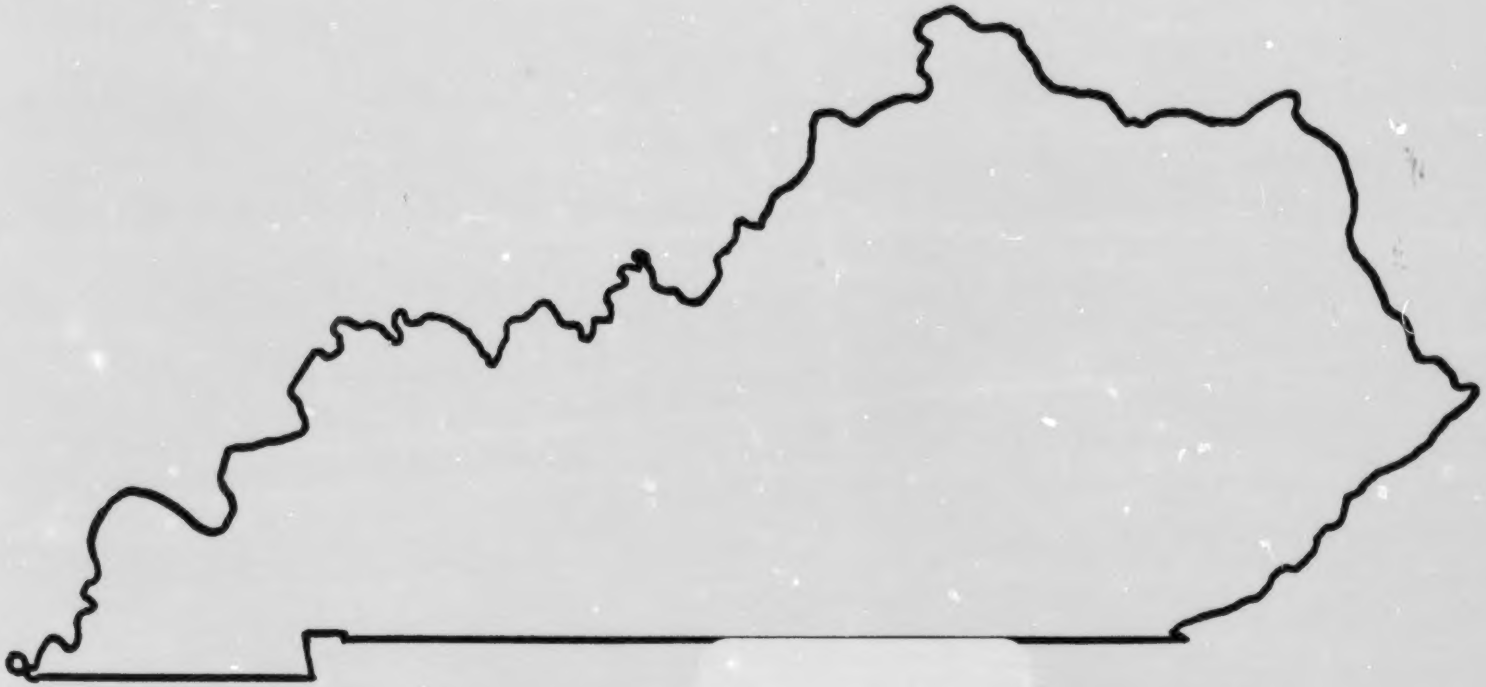
● Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY
Charles
Bratcher
TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

EC180295

2

COMMUNITY SERVICES
FOR MENTAL RETARDATION



THREE YEAR PLAN
July 1982 - June 1985

EC 180295

KENTUCKY CITIZENS' PLANNING COUNCIL FOR COMMUNITY
MENTAL RETARDATION SERVICES

Division for Community Services for Mental Retardation
Bureau for Health Services
Department for Human Resources
Commonwealth of Kentucky
Frankfort, Kentucky
October, 1981

Planning Council Chairman: Larry Knight
Director: Edward Skarnulis, Ph.D.

THE SECRETARY FOR HUMAN RESOURCES
COMMONWEALTH OF KENTUCKY
FRANKFORT 40601

January 14, 1982

Dear Reader:

The Kentucky Citizens' Planning Council Three-Year Plan was produced through the concern and dedication of planning council members and countless citizen volunteers across Kentucky. Because of their efforts, staff from the Department for Human Resources and other agencies, as well as private citizens, can better understand the needs of and the service possibilities for Kentuckians with mental retardation.

The plan will be a useful resource document for Human Resources staff and various other state and private agencies that plan and deliver services to Kentuckians with mental retardation and their families. The plan examines service trends of the past and focuses on how this population can have more opportunities to live independently.

I am grateful to those citizens whose time and labor provided this study. Thank you.

Most sincerely,

W. Grady Stumbo, M.D.

W. Grady Stumbo, M.D.
Secretary
Kentucky Department for Human Resources

J. U. KEVIL MEMORIAL FOUNDATION, Inc.

LARRY G. KNIGHT
Executive Director

SOUTH 10th STREET EXTENDED
MAYFIELD, KENTUCKY 42066
PHONE 247-5346

OPERATING PROGRAMS IN
MENTAL HEALTH, MENTAL
RETARDATION, WORK TRAINING
FOR THE HANDICAPPED

September 21, 1981

Dr. Grady Stumbo
Secretary, Department for Human Resources
Commonwealth of Kentucky
Frankfort, Ky. 40601

Dear Dr. Stumbo:

Attached please find a copy of the state-wide Three Year Plan of services for Kentucky's mentally retarded citizens.

This plan is designed as an educational tool to provide a general perspective regarding the roles of the various resources involved in providing services to Kentucky's handicapped population. It also contains enough specific information on the current services and projected needs to be a valid instrument to guide the Department in its quest for a comprehensive array of services for all of Kentucky's citizens, regardless of the severity of their handicapping condition.

The eighteen member Planning Council and the three hundred plus volunteers offer this plan as a step towards the realization of that goal.

Sincerely,

Larry G. Knight

Larry G. Knight
Chairman, Kentucky Citizens Planning Council

LGK:gs

Enclosure

Accredited by the Commission on Accreditation of Rehabilitation Facilities

TABLE OF CONTENTS

Chapter Page

1 INTRODUCTION 1
- Recommendations 3
- Planning Process 9
- Planning Structure 12
- Citizens' Planning Council 13

2 STATE SERVICE SYSTEM 15
- The Commonwealth of Kentucky 17
  - Kentucky's Economy 19
  - Relative Poverty of Kentucky's Population 20
- Mental Retardation Services 21
  - Executive Branch 26
  - The Department for Human Resources 28
  - Bureau for Health Services 30
  - Division for Community Services for Mental Retardation 32
  - Related Agencies 33
- Local School Districts 36
- State Operated Programs 38
- Private Facilities 40
  - Other Private Facilities 42
- Consumer Groups 43
- Kentucky's Regional System 45

3 THE "IDEAL" SYSTEM 49

4 THE CURRENT SYSTEM 59
- Region I - Western Kentucky 61
  - Description 63
  - Structure 65
  - Services Provided by Region 66
  - Services Provided by Private Affiliates of the Region 68
  - Other Services Within the Region Operated Privately 72
  - Community Resources 74

Region II - Pennyroyal 77
  Description 79
  Structure 81
  Services Provided by Region 82
  Services Provided by Private Affiliates of the Region 84
  Other Services Within the Region Operated Privately 86
  Community Resources 88
Region III - Green River 91
  Description 93
  Structure 95
  Services Provided by Region 96
  Services Provided by Private Affiliates of the Region 98
  Other Services Within the Region Operated Privately 100
  Community Resources 101
Region IV - Barren River 103
  Description 105
  Structure 107
  Services Provided by Region 108
  Community Resources 112
Region V - North Central 115
  Description 117
  Structure 119
  Services Provided by Region 120
  Services Provided by Private Affiliates of the Region 122
  Community Resources 123
Region VI - Seven Counties 125
  Description 127
  Structure 129
  Services Provided by Region 130
  Services Provided by Private Affiliates of the Region 132
  Other Services Within the Region Operated Privately 136
  Community Resources 138
Region VII - Northern Kentucky 141
  Description 143
  Structure 146

Services Provided by Region 147
Services Provided by Private Affiliates of the Region 148
Other Services Within the Region Operated Privately 150
Community Resources 151
Region VIII - Comprehend 153
Description 155
Structure 158
Services Provided by Region 160
Community Resources 162
Region IX - Cave Run 165
Description 167
Structure 168
Services Provided by Region 169
Services Provided by Private Affiliates of the Region 170
Community Resources 171
Region X - Lansdowne 173
Description 175
Structure 177
Services Provided by Region 178
Other Services Within the Region Operated Privately 180
Community Resources 182
Region XI - Mountain 185
Description 187
Structure 189
Services Provided by Region 190
Other Services Within the Region Operated Privately 192
Community Resources 194
Region XII - Kentucky River 197
Description 199
Structure 201
Services Provided by Region 202
Services Provided by Private Affiliates of the Region 204
Community Resources 205
Region XIII - Cumberland River 207
Description 209
Structure 211
Services Provided by Region 212
Services Provided by Private Affiliates of the Region 215

Community Resources 216
Region XIV - Lake Cumberland 219
Description 221
Structure 223
Services Provided by Region 224
Services Provided by Private Affiliates of the Region 226
Other Services Within the Region Operated Privately 227
Community Resources 228
Region XV - Bluegrass 231
Description 233
Structure 235
Services Provided by Region 236
Services Provided by Private Affiliates of the Region 238
Other Services Within the Region Operated Privately 242
Community Resources 244

5 THE NEED 247
Assessment 249
Outwood 269
Oakwood 271
Hazelwood 273
Eastern 275
Western 277
Central 279
Glasgow 281

6 OBJECTIVES 285

7 FISCAL 295
Budget Process 297
Financing 303
Regional Funding 319
Historical Perspective 323

8 APPENDICES 327
Acknowledgements 329
Regional Planning Committees 330
Photographs 334

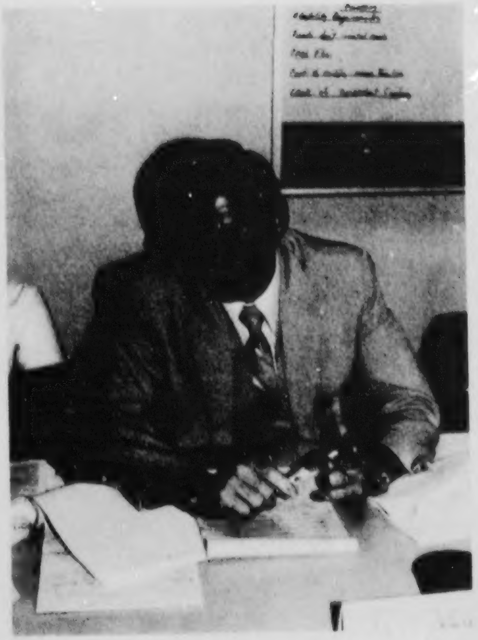
Attached is a copy of the statewide Three Year Plan for services to the citizens of Kentucky with mental retardation. This document is an advisory plan, developed by volunteers from all regions of the Commonwealth working toward a common goal... that of providing an effective and efficient array of services to our individuals with mental retardation regardless of residential setting.

This plan, involving input from over 300 citizens from around the state, includes a purpose to create a common language and common goals, while at the same time recognizing that the needs of each region are very unique.

Each region has developed its own Three Year Plan, parts of which are already being adopted as a guide to serving the local communities. Some of the regional advisory groups remain intact and are taking an active role in the implementation of the local plan. The educational process that has been a part of the Plan development has been invaluable in that local committee members and state council members have become even more knowledgeable and aware.

In summary, it is felt that this long-range, goal-oriented plan will provide the state with a solid basis and guide for going about the business of planning and providing services for its citizens with mental retardation. It is very important that this plan be viewed as a cooperative effort between all branches and levels of government and the citizens of this commonwealth, for without such a partnership the services outlined by this plan will never become a reality.

Larry G. Knight, Chairperson
Kentucky Citizens' Planning Council



INTRODUCTION

1

RECOMMENDATIONS

The Kentucky Citizens' Planning Council submits the following recommendations for improvement in community services/service delivery for people with mental retardation. The following recommendations address various departments and agencies within the Commonwealth of Kentucky.

PROBLEM:

The present system lacks a strong public information component. The public is often unaware of services or how to access them. There is also a lack of general knowledge and accepting attitudes. Until the correct information is known, attitudes, myths and fears will not be changed.

RECOMMENDATION:

1. Develop a strong public information program focusing on mental retardation issues, problems, findings, etc.

PROBLEM:

Quality of services is positively correlated with having an adequate number of well trained staff. Human service professionals are often untrained or inadequately trained in working with persons with mental retardation.

RECOMMENDATION:

2. Promote formal training in the field of mental retardation for human service professionals through expanded curricula in state institutions of higher learning. Increased resources for research into new techniques are also needed.

PROBLEM:

No mechanism is in place for the implementation of this plan.

RECOMMENDATION:

3. Form a coalition of consumer and advocacy organizations to promote implementation of the recommendations in this plan, and support needed changes in legislation.

PROBLEM:

Without additional contracts, workshops which serve the handicapped will continue to require large subsidies from governmental and other agencies, and will not be able to offer clients the practical vocational training they need.

RECOMMENDATION:

4. Support the position taken by the Kentucky Association for Retarded Citizens and the Kentucky Association of Rehabilitation Facilities in promoting a more effective state use law. This would promote state use of services and products of workshops serving the handicapped.

PROBLEM:

There are not enough pre-school/early intervention programs. There are large gaps in services for children, particularly children with severe and profound handicaps.

RECOMMENDATION:

5. Establish through appropriate legislation and interagency agreements, a vehicle for providing a full array of services for children with handicaps ages 0-21.

PROBLEM:

The implementation of a program in the community is often inhibited by state requirements governing funds. More flexibility for use of funds is needed.

RECOMMENDATION:

6. Change legislative requirements regarding use of state funds for capital expenditures, i.e., furniture, renovations, and purchase of adaptive equipment for the specific purpose of establishing alternative residences for persons with mental retardation.

PROBLEM:
It is often difficult to hire qualified and experienced staff in state mental retardation programs and services because there are not appropriate job classifications and qualifications.

RECOMMENDATION:

7. Develop a state job classification series for mental retardation professionals separate from the health or psychiatric series.

PROBLEM:
There are breakdowns in continuity of mental retardation services because at the state level, responsibility for community services is in one division and institutional services in a separate division.

RECOMMENDATION:

8. Include in one state level division the responsibility for persons with mental retardation in the community and in the institutions.

PROBLEM:
While trying to reduce the population in the institutions and increase community services, there is nothing stopping the flow into the front doors of the institutions or the conversion of other facility beds to ICF/MR beds.

RECOMMENDATION:

9. Reaffirm that the Department for Human Resources is opposed to the development of new institutional beds for persons with mental retardation.

PROBLEM:
Hazelwood and Central State ICF/MR facilities were not originally designed as mental retardation facilities. The facilities are physically deteriorating and plans are needed to improve or modify the facilities to meet the needs of persons with mental retardation.

RECOMMENDATION:

10. Develop a long range plan for finding alternative placements for all the current residents at Hazelwood and Central State, on the basis of the deteriorating physical facilities and their inappropriateness to serve persons with mental retardation. The Council strongly recommends that preference be given to smaller community-based alternatives.

PROBLEM:
Approximately 100 persons with mental retardation reside in Eastern and Western State Hospitals. They are not being served in the most appropriate and least restrictive environment and they fail to receive attention from the state as a population with separate and unique needs. Therefore, the image of mental illness and mental retardation being one and the same is perpetuated. In addition, the persons with mental

retardation in these facilities tend to model the behavior of patients diagnosed as mentally ill.

RECOMMENDATION:

11. Move those persons with mental retardation who reside in state psychiatric facilities (Eastern State Hospital and Western State Hospital) to a more appropriate environment and close those units for persons with mental retardation. If treatment for acute psychiatric disorders needs to be done in state psychiatric facilities, the patients with mental retardation should be returned to the community as soon as possible. Mental retardation facilities should develop plans to meet the needs of persons with mental retardation and chronic psychiatric disorders. Funding should be obtained from the legislature to implement this recommendation.

PROBLEM:
Council members from some of the regions felt that mental retardation and mental health are not equally represented on their MH/MR boards and therefore, the provision of services is not equitable.

RECOMMENDATION:

12. Enjoin the Bureau for Health Services to assure through its contracting process that 30% of the MH/MR board membership demonstrate interest in the commitment to services for persons with mental retardation. The Bureau for Health Services should also require provision of services to the persons with mental retardation, with mental illness, and problems with substance abuse on an equitable basis.

PROBLEM:
Mental health and mental retardation are separated by both philosophical and methodological (medical vs. developmental) differences.

RECOMMENDATION:

13. Support two or more experimental regional service delivery systems which separate mental health and mental retardation boards in order to determine the effectiveness of this approach.

During the planning process there were numerous discussions and debates concerning the pros and cons of separating MH/MR boards. In some regions the combined boards are very effective. Representatives from some regions felt that their services would be better facilitated by separate boards. A consensus could not be reached as early in the process as developing the ideal system or as late as the final recommendations. The following position papers were developed to highlight some of the issues involved in the present governance structure as well as an alternative structure.

POSITION PAPER

Majority Report

Throughout our deliberations, the Citizens' Planning Council frequently returned to the issue of the governance of the services offered in the regions to persons with mental retardation. In discussions at the Council meetings and in local discussions and forums, a number of arguments were made for providing a sole independent authority to each region to serve the population with mental retardation. Some argued that the services for persons with mental retardation are not the same as those needed for persons with mental health problems. The services needed for persons with mental retardation are more normative such as education, habilitation, job placement, provision of housing, and general support systems to supplement or replace the family when needed. The way in which the public education system serves children with mental retardation was frequently cited as an example to illustrate a model which seemed preferable to the present MH/MR structure.

The final recommendation of the Council to leave mental retardation services under the direction of the MH/MR boards, with some provisions that mental retardation services be visible and supported by a committed membership on the regional board, was made for both political and economic reasons. It appeared improvident to consider establishing a separate managerial mechanism at this time of great budget deficits.

The Council recognized that much study will be needed to identify appropriate ways to distribute resources to serve the person with mental health problems or mental retardation as well as persons with substance abuse problems. The Council believes that if the MH/MR boards provide for input from all of the involved groups in the decision making process, a competent service delivery system can be provided. The system should be subject to continual review and evaluation for quality of services and cost benefits.

MINORITY REPORT

The issue of administrative control over the programs that serve people with mental retardation generated considerable discussion in several of the Council meetings. As a voluntary citizens' group consisting of individuals with a serious concern about programs and issues relating to people with mental retardation, our task was to conduct a needs assessment, examine the current programs available, and formulate a three year plan for meeting the needs of persons with mental retardation in the Commonwealth of Kentucky. Our task certainly was not to destroy the existing programs which have provided so much for persons with mental retardation. At the same time, our task was not to protect the status quo, especially if some improvements were needed that would benefit the population which the Council was created to serve through this planning process.

One of the focal issues is whether or not the current regional MH/MR board administration of the mental retardation/developmental disabilities programs in the Commonwealth of Kentucky is the best way to meet the needs of those individuals in our state with mental retardation. The issue is whether the MH/MR boards and the administration of the community MH/MR centers are equally committed to serving the needs of those individuals with mental retardation and individuals with mental health problems. Several Council members felt that the mental retardation component has not been an equal partner but, as one member phrased it, is a "stepchild" of the boards.

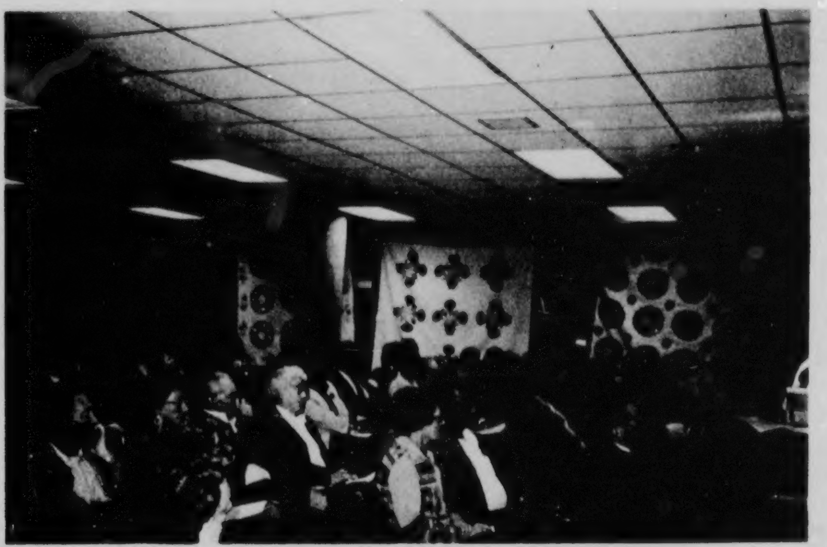
Thirty percent (30%) of the MH/MR board membership must be individuals who have a specific interest in programs for persons with mental retardation, thereby ensuring that the needs of this population are examined regionally. If the MH/MR boards do not include members who are committed to serving individuals with mental retardation, this population will suffer. Some Council members felt that the membership of the MH/MR boards needs to be carefully examined to determine if, in fact, there are individuals on the boards with documented interests in the needs and issues of people with mental retardation.

Another concern relates to the use of the "medical model" of treatment with the mental retardation/developmental disabilities programs and population. The "developmental model" which stresses normalization is a more appropriate frame of reference for working with individuals with mental retardation. Mental retardation is not an illness, but rather an educational, developmental and social problem. The primary services needed are education, training, vocational experience and residential settings, none of which fall within the purview of the medical/clinical specialist. Yet, under the existing regulations, a psychiatrist is required to approve every treatment plan whether formulated for a person with mental health problems or a person with mental retardation.

Additional concerns relate to the method of record keeping, policy decisions and fiscal decisions involved in trying to serve persons with a variety of needs. Some members of the Council believe that these issues need to be carefully examined to determine if the current procedures are in the best interests of the programs that serve individuals with mental retardation. More specifically, some members felt that under the current administrative structure, it is difficult to "track" money received by centers for mental retardation/developmental disabilities programs.

As the minutes of the Council meetings reflect, the issue of administrative control was not only controversial, but confusing. Some members changed their feelings about the issues involved from one meeting to another. Some members went so far as to state that a different administrative policy might be more "ideal" yet they felt that it would damage, or be the demise, of the community MH/MR boards, which would be a tragedy. Yet, our directive was to formulate goals and plans for people with mental retardation, not to become involved with the overall financing of the MH/MR boards. In fact, the purpose of this "minority report" is not to suggest a "radical" change, but to raise the issues. Due to a lack of time, the Council members who cast the minority votes on the issue of administrative control for mental retardation programs were not able to gather and present data for a full discussion of the implications of an alternative system by the Council. Lacking a complete review of these issues they could not endorse the existing system.

We respectfully request that these issues be reviewed by appropriate persons in the best interests of serving the individuals with mental retardation in the Commonwealth of Kentucky.



Public Forum - Hopkinsville, Kentucky November 18, 1981

PLANNING PROCESS

PURPOSE OF THE PLAN

Comprehensive planning is considered to be essential to delivering quality services to Kentucky citizens with mental retardation. Therefore, the purpose of this planning process was to produce a long-term goal oriented plan to provide direction for the state and regional governments as they strive to improve and expand, in a cost effective manner, community services for persons with mental retardation.

The plan will be submitted to the Secretary of the Department for Human Resources, to the Governor of Kentucky, to regional community mental health/mental retardation board chairpersons, and to other local, state and federal elected officials and funding agents. In addition, it will be made available to private and public agencies serving persons with mental retardation, to consumer protection and advocacy organizations and to other affected agencies.

This is the first statewide, comprehensive plan for the citizens of Kentucky with mental retardation that has been supported and encouraged by the Secretary of the Department for Human Resources, and has been designated for use by the Division for Community Services for Mental Retardation to make funding decisions. It was designed in hopes that it will represent the local needs and desires of Kentucky's citizens, while providing a systematic statewide approach. The process attempted to allow enough time for local involvement, yet see the plan finalized quickly enough to maintain a high level of involvement on the part of the planning participants. It was also scheduled to impact on state funding decisions.

DURATION

This plan was developed as a three year plan for July 1, 1982, through June 30, 1985.

WHO WAS INVOLVED

The planning process was guided and directed by the Department for Human Resources, Bureau for Health Services, Division for Community Services for Mental Retardation. Regional planning committees were established by each of the fifteen regional community mental health/mental retardation boards. In addition there were six administrative task forces to study specific issues. The Chairperson from each of the fifteen regional planning committees; the State Association for Retarded Citizens' President; the State Developmental Disabilities Planning Council Chairperson; and the Protection and Advocacy Advisory Board Chairperson made up the statewide eighteen person Citizen Planning Council. Support staff to the Council included staff from the administrative task forces, Division staff, and the regional mental retardation/developmental disabilities directors (MR/DD directors) and their staff.

In addition to the regional planning committees, which were representative of the local communities, there were also at least two public forums in each regional area. One was at the on-set of the planning process. The second was when the plan was completed, but before it was finalized, to allow for possible revision based on public reaction. The input from these public forums was made available to the regional planning committees, and also to the Council.

NEEDS ASSESSMENT

Throughout the planning process, information on the needs of citizens with mental retardation was made available to the planning participants. The Division for Community Services for Mental Retardation staff coordinated a process to conduct a standardized needs assessment for the purpose of long range planning. The main characteristics that are considered important for long range futuristic planning are those that impact on facilities, services, staff, training and costs. Those characteristics which are most crucial are: age, sex, level of mental retardation, ambulation, medical needs, behavioral needs, self care needs, family or guardian status and county of origin. The following agencies were asked to participate: (1) the state-operated facilities serving persons with mental retardation (2) the privately-operated facilities serving persons with mental retardation (3) the regional community mental health/mental retardation boards (4) the privately-operated community programs serving persons with mental retardation (5) preschools and vocational education programs (6) correctional facilities (7) nursing homes.

Varying types of information were obtained from each of the above entities and made available to the planning council.

PLANNING PROCESS

Each regional planning committee went through specific planning phases. At the end of each phase, they completed a planning packet which was submitted to the Council.

Phase One: Defining the Ideal System - In the first phase, the planning participants were asked to describe not what has been available in the services system, but what they would like to see in place. This was the most important and creative part of the planning process, and was primarily a consensus building step. The "ideal" service system was needed to allow for geographic uniqueness, which is why regional planning committees were asked to involve a variety of members with diverse backgrounds. This was a step where the involvement of consumers and parents was crucial. Each planning committee in every region attempted to describe what should be in place, for whom and where.

Phase Two: Defining the Current System - The next phase was the definition of what is now in place. The committees described the state-operated facilities' programs in their regions, the privately operated facilities' programs, and the services offered by the regional community mental health/mental retardation boards and those private community programs that serve persons with mental retardation. Also, the educational services and other relevant programs and resources were defined. The services that were inventoried were residential, vocational, educational, medical, mental health, social services, protection and advocacy, recreation and leisure, and college and university systems.

Phase Three: Issues Identification- In the third phase of planning, each regional planning committee compared the ideal to the real. What was duplicated that should not be? What did not exist that should? What should be maintained? What should be changed? What should be eliminated? This was also the time to identify barriers in the community that kept persons with mental retardation from being integrated into the same services and settings available to all citizens (e.g. attitude, training, architectural barriers, etc.). Also, such administrative issues as flow of funding, regulatory implications and lack of responsibility were surveyed.

Phase Four: Objective Setting, Establishing Accountability and Timelining - After the previous stages were completed by the regional planning committees, their planning packets were submitted to the Council. It was then up to the Council to develop a statewide action plan for achieving the statewide goals. In order to do this, statewide objectives were developed; priorities for the state were established; and accountability for development, approval, implementation, and funding was designed. A statewide composite plan was developed by the planning council in this final stage. The document's recommendations were presented in the second round of regional public forums for general input before the planning council finalized the plan and submitted it to the Secretary and the Governor.

PLANNING STRUCTURE

REGION #1 COMMITTEE

REGION #2 COMMITTEE

REGION #3 COMMITTEE

REGION #4 COMMITTEE

REGION #5 COMMITTEE

REGION #6 COMMITTEE

KY. ASSOC. FOR RETARDED CITIZENS

DD PLANNING COUNCIL

PROTECTION & ADVOCACY

CITIZENS' PLANNING COUNCIL

- * Composed of Chairpersons, Regional Planning Committees: President, State Association for Retarded Citizens; Chairperson, State Developmental Disabilities Planning Council; Chairperson, Protection and Advocacy Advisory Board

REGION #7 COMMITTEE

REGION #8 COMMITTEE

REGION #9 COMMITTEE

REGION #15 COMMITTEE

REGION #14 COMMITTEE

REGION #13 COMMITTEE

REGION #12 COMMITTEE

REGION #11 COMMITTEE

REGION #10 COMMITTEE

CITIZENS' PLANNING COUNCIL

Larry Knight, Chairperson
REGION I WESTERN KENTUCKY

Margaret Litchfield,
REGION II PENNYROYAL

Dr. Duane Miller
REGION III GREEN RIVER

Dr. Charles Daniels
REGION IV BARREN RIVER

Nancy McKay
REGION V NORTH CENTRAL

April Kerr
REGION VI SEVEN COUNTIES

Joe Reed
REGION VII NORTHERN KENTUCKY

Ray Kinney
REGION VIII COMPREHEND

John Hickman
REGION IX CAVE RUN

Steve Gilmore
REGION X LANSDOWNE

Dr. Ronald Mann
REGION XI MOUNTAIN

Ann Cundle
REGION XII KENTUCKY RIVER

Coleman House
REGION XIII CUMBERLAND RIVER

Susan Whitley
REGION XIV LAKE CUMBERLAND

Dorothy Miller
REGION XV BLUEGRASS

Jean Gossick
KENTUCKY ARC

Louis Twyman
DD COUNCIL

Helen Cleavinger
PROTECTION & ADVOCACY

STATE SERVICE SYSTEM

THE COMMONWEALTH OF KENTUCKY

Like Kentucky's population, the land is characterized by variety from the Ohio and Mississippi River floodplains through the folling uplands to the Appalachians. Elevation varies from 400 to more than 4,000 feet above sea level in its five geographic regions: the Jackson Purchase, the Western Coal Field, the Bluegrass, the Mountain and the Pennyroyal.

In the most western part of the State, and culturally a part of the Deep South, the Jackson Purchase was bought from the Chickasaw Indians in 1818. Paducah, a great Ohio port, a railroad center and a superhighway connector, is the Purchase's focus of industrial expansion and handles the tobacco, soybean and livestock production from the region's farms. A booming tourist industry and significant power development are associated with Lake Barkley and Kentucky Lake (formed by the damming of the Cumberland and Tennessee Rivers) and with Land Between the Lakes recreational areas.

The Western Coal Field varies from hilly coal-mining country in the south to floodplain along the Ohio River on the north. Coal mining--chiefly strip mining --is the most important industry, but manufacturing which centers around Owensboro, Henderson and Madisonville is the chief source of employment. Union, Webster, Henderson, Daviess and McLean counties are important corn, soybean and hog producers. Persons residing in the southern counties also engage in some farming.

The Bluegrass Region is famous for its distilleries (with 23 of the State's 27), tobacco (the world's largest burley market), beef production and breeding and training thoroughbred, standardbred, and show horses on spectacular horse farms. The entire region is underlaid by limestone whose partial removal by ground water has produced a gently - rolling plain. At the western margin of the Bluegrass is Louisville, the State's largest city, with about one-fifth of the total population. At the center is Lexington, an important industrial and medical center and home of the University of Kentucky. It is surrounded by the county seat towns of Georgetown, Paris, Winchester, Richmond, Nicholasville and Versailles, and located not far from Frankfort, the State capital.

The Mountain Region, containing about a quarter of the total area, includes Pine and Cumberland Mountains in its eastern part, and produces over half of the State's coal. Lumbering and marginal agriculture are minor occupations, but the natural scenery has not been fully capitalized on as a tourist attraction. Because of the rugged terrain and consequent sparse settlement in large areas, isolation has bred both distinctive traditions and large problems associated with poverty, health and education.

The Pennyroyal, the most extensive region, fills in the space between the other regions, and has a widely varying terrain (which includes the famous cave area, and the internationally famous Mammoth Cave). With no large city, the Pennyroyal has many smaller urban centers which adds up to a large urban population. The countryside houses commuters to these areas. While Bowling Green is the chief center of manufacturing, farming, selling and transportation;

Hopkinsville, Elizabethtown and other cities share in the important industrial functions. Tobacco and livestock are mainstays of a diverse and prosperous economy.

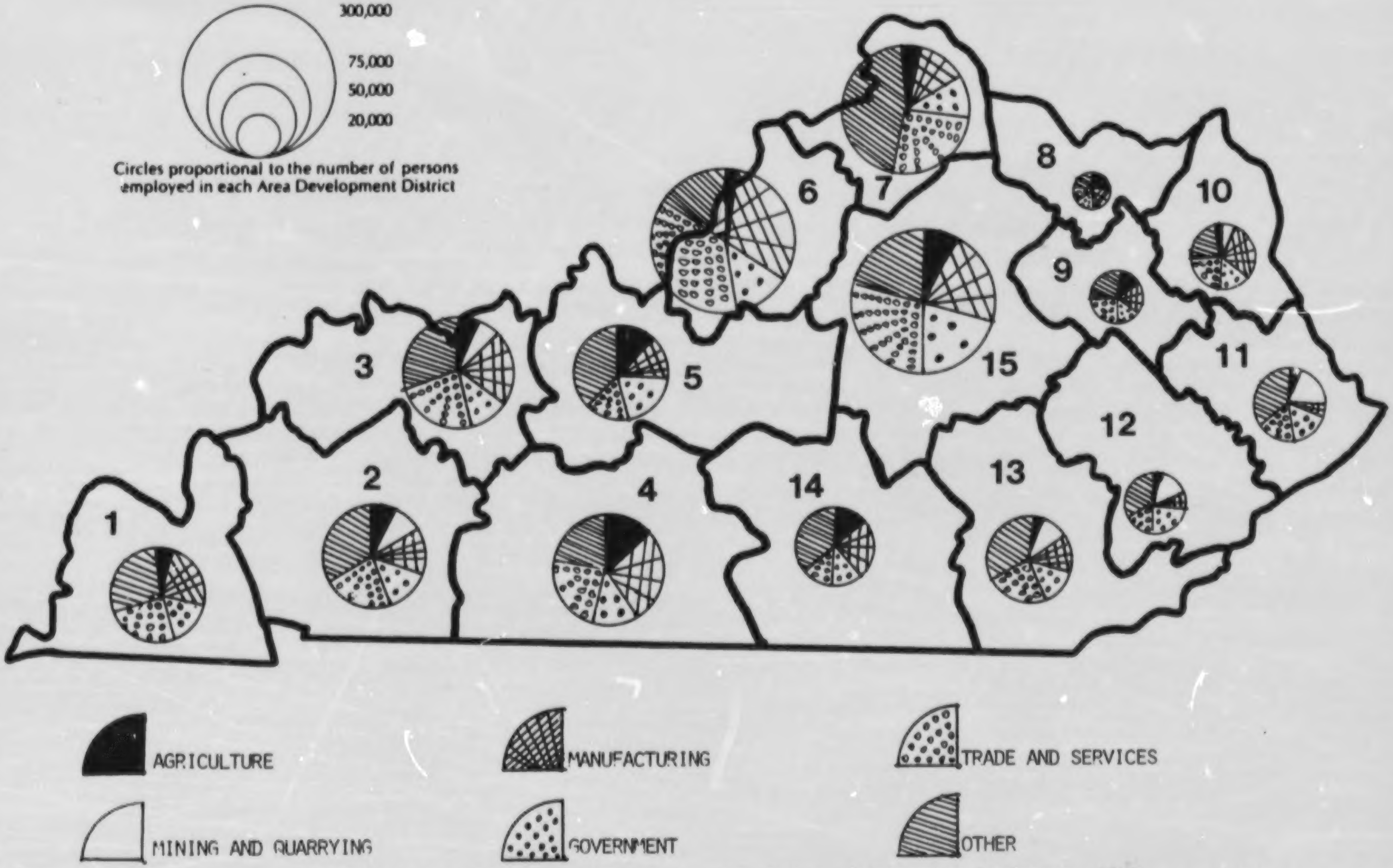
The highest socioeconomic levels are found in the most metropolitan counties, including Fayette (Lexington), Jefferson, Bullitt, and Oldham (Louisville), Boone, Kenton and Campbell (Covington-Newport), Boyd and Greenup (Ashland), and Daviess (Owensboro). High levels are also found in other portions of the Bluegrass and in the Jackson Purchase. The lowest levels are in southeastern and portions of eastern Kentucky. The impact of Lake Cumberland and Interstate 75 can be seen in the somewhat higher levels of Pulaski, Rockcastle, Laurel, and Whitley counties than of surrounding counties. The general income and education levels of Kentucky as a whole are lower than the national average. While Kentucky's highest levels are above the national norm, the lowest levels are among the lowest in the nation.

According to official government definitions, many Kentuckians fall below the minimum standards of income and are classified as poor.

Consolidated schools have taken over wherever communities are not large enough to support strong individual schools. Kentucky now boasts of 8 state universities and 14 community colleges administered by the University of Kentucky. Throughout its history the state has had many small private facilities of higher education with strong traditions of learning: Lexington's Transylvania University (which had a medical school of high reputation in the 1820's and 1830's), Danville's Centre College, Alice Lloyd College at Pippa Passes, Berea College (renowned for its high quality education and student work program for the mountain people it serves). Woodford and Henderson counties and 12 counties with urban centers of over 10,000 have populations whose median school years completed are 11 or 12. Most counties' median education levels are 8 years or less.

The most serious health care problems are the relatively low ratio of health personnel to population and the uneven distribution of health services which do exist. Governor Brown and Human Resources Secretary, Dr. Grady Stumbo, are addressing the latter problem as a top priority, replacing the county health departments with regional health departments and encouraging and supporting regional medical centers to replace dependence on major urban hospitals.

KENTUCKY'S ECONOMY

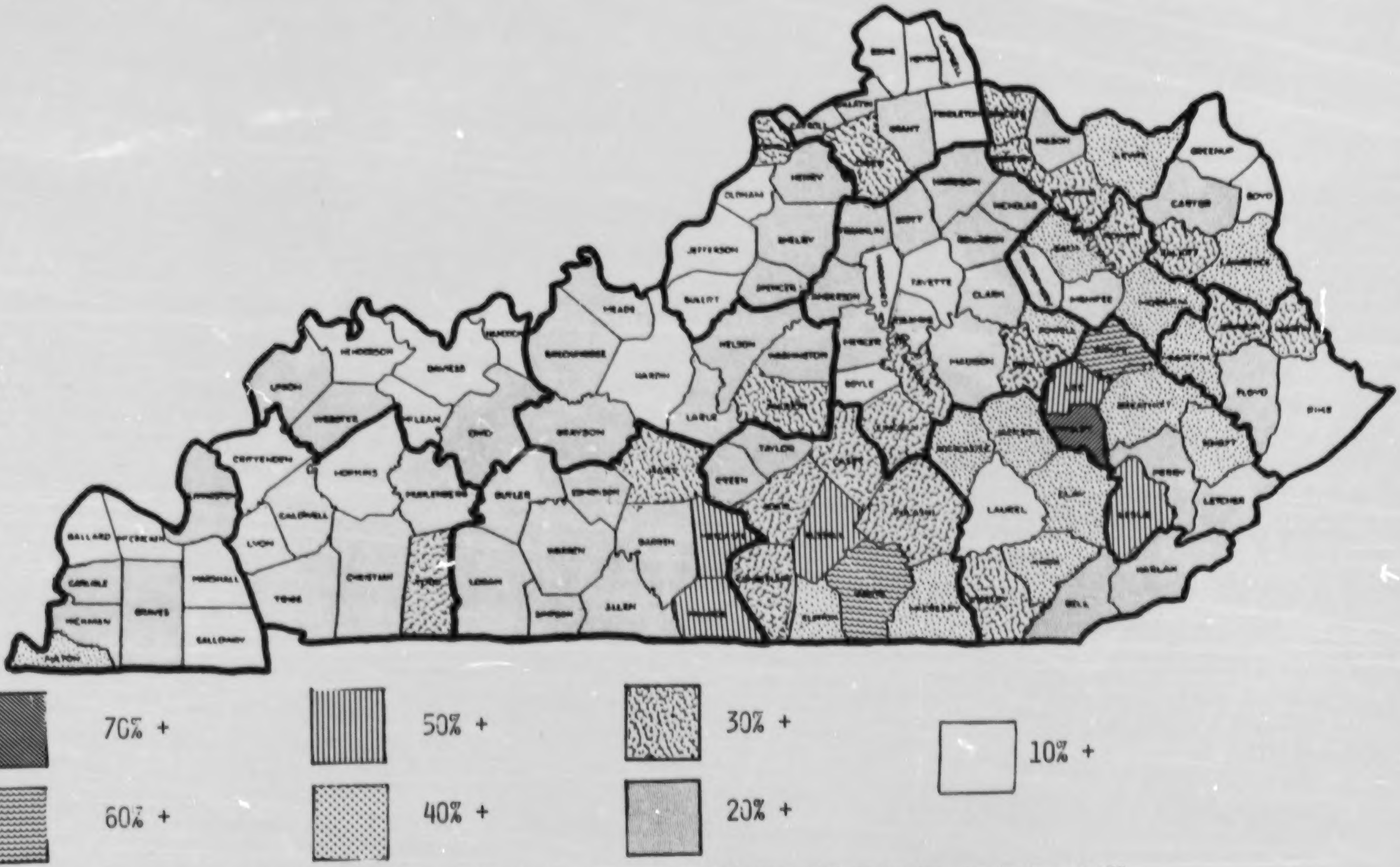

300,000
75,000
50,000
20,000
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
AGRICULTURE
MANUFACTURING
TRADE AND SERVICES
MINING AND QUARRYING
GOVERNMENT
OTHER

Circles proportional to the number of persons employed in each Area Development District

Source: Karan and Mather, Editors, Atlas of Kentucky, The University Press of Kentucky, Lexington, 1977.

BEST COPY AVAILABLE

RELATIVE POVERTY OF KENTUCKY'S POPULATION



Source: Karan and Mather, Editors, Atlas of Kentucky, The University Press of Kentucky, Lexington, 1977.

MENTAL RETARDATION SERVICES

"We can trace the process by which the first humanitarian efforts in 1850, to educate the 'poor idiot' and make him socially competent were transformed by 1915 into deliberate programs to 'identify, segregate, and sterilize every feebleminded person as a menace to social decency and racial purity: to the end that they shall not reproduce their kind.' This language was typical of the statutory provisions for the control of feeblemindedness in many States well into the 1950's, elements of which still persist in some statutes today . . .

"In 1846, Dr. Samuel Gridley Howe of Boston, stimulated by work done in Europe and by his own efforts in teaching the blind and the deaf-blind, persuaded the Massachusetts Legislature to appoint him as head of a commission to inquire into the conditions of the idiots in this commonwealth, to ascertain their number, and whether anything can be done for their relief . . ."
(This and the other quotes cited in this article are taken from MR76: Mental Retardation Past and Present, President's Committee on Mental Retardation, Washington, D.C. 1977. Which also is the primary information source for the article.)

Howe thereupon undertook the first systematic survey of a mentally defective population. He discovered a total of 755 "idiots" in 182 towns with a combined population of 392,586. From this, Howe concluded that on the same ratio of 2 per thousand there was a total of 33,000 in the U.S. but he admits that "many, perhaps most, of the idiotic children escaped the notice of the commission." Of those identified, Howe and his associate personally interviewed a total of 574 cases on a complex and, for that day, quite scientific schedule.

The amount of detailed information he obtained was astonishing. The cases ranged in age from 6 months to 103 years, and in severity from "the lowest class of mere organisms, to 'simpletons' . . . the highest class of idiots."

Dr. Howe started a small homelike school with "a kind and mother person" in charge, for children in their early and "best learning years: who could grow and improve and be "returned to their families." Those he got were older and more handicapped than he preferred, but he could still tell the Massachusetts Senate in 1852:

> *All are to be kept busy, and rendered industrious, and, if possible, taught some simple and useful work, if it be but doing chores about a house or farm. . . if they be properly taught and trained to industry, a few of them will earn their living by their work, many of them will contribute something towards their own support and almost all of them will become less burdensome and expensive.*

Yet, in 1856, Dr. Howe expressed concern that parents did not want to take their children back when the term was up, especially the most handicapped. The next year, he wrote the governor that he was advising those who came to him for advice on setting up institutions for any type or extent of handicap, not to do so. Instead, he recommended small school buildings with children boarded in family homes.

He stayed true to his convictions until the end, as illustrated in this excerpt from his speech upon retiring as superintendent of the Massachusetts School for Idiotic Children:

> *. . it is unwise to organize establishments for teaching and training idiotic children, upon such principles as will tend to make them become asylums for life . . . Even idiots have rights which should be carefully considered. At any rate let us try for something which shall not imply segregating the wards in classes, removing them from our sight and knowledge, ridding ourselves of our responsibility as neighbors and leaving the wards closely packed in establishments where the spirit of pauperism is surely engendered, and the morbid peculiarities of each are intensified by constant and close association of others of his class.*

But the advent of the industrial revolution made intelligence more prized than it had been in a farming culture. Voices for increased and lifelong institutionalization became stronger and louder in 1876, a year after Dr. Howe died. That was when two fledgling organizations - - the American Association of Superintendents of States Schools and the National Conference of Charities and Corrections joined together and called themselves the American Association on Mental Deficiency. By now the consensus was that teaching reading and writing to the feebleminded merely made "patients more troublesome." The idiots and idio-imbeciles (profoundly and severely retarded) were "aliens in their own homes" and "foreign to the community," and the imbeciles and feebleminded were "the source and means of crime, pauperism, insanity and sexual perversions."

By the 1880s institutions had devised a way to finance themselves. They put patients in large "villages" or "colonies" on large farms away from towns, to live and work and support "the institution to a large degree, producing not only all the food required, but also fabricating in shops the clothing, furniture, and other furnishings needed for the institution." Unlike most of his colleagues, Superintendent Walter Fernald of the Waverly Massachusetts Colony, acknowledged leader in the field for 30 years, wanted to do more than cut costs. His other intent was to educate and restore some of the inmates to community life.

Meanwhile, two Frenchmen, Binet and Simon, in 1905, devised a verbal and intellectual test to try to find out which Paris children could succeed in school and which could not. The Americans soon adopted and adapted it, established 100 as "normal IQ" and then made thousands of studies to "prove" that the IQ was constant, hereditary, unalterable and infallible. Binet himself wrote that these verdicts were "deplorable" and that "we must protest and react against this brutal pessimism."

In 1912, the Superintendent of the Vineland New Jersey Training School, a model in the field for years, recommended that only the feebleminded over 21 and the "idiotic cases" whose personal habits are unclean and who need special care" should be kept in Vineland. Like Howe, he recommended that school-age children should live at home and get their training at small schools at public expense. His proposal was not adopted.

The astounding thing is that, as more people began to question custodial institutions, their size began to grow by leaps and bounds. By 1900, with the concept fully accepted, only 7,000 patients, or .009% of the population were in institutions. But by 1925, the number had grown to 40,000 or .034%. While leaders were beginning to look for community education and services, the institutional population grew to 128,000 in 1950, or .083%. It was 1975 before deinstitutionalization really took hold at all, and the estimated population of 165,000 to 170,000 dropped the percentage to .078%.

New York City opened public school classes for persons with mental retardation in 1874, and Cleveland followed a year or so later. By 1922, 133 cities in 23 states had 23,252 children in special education classes. By 1936, this had grown to 99,621 pupils in 643 cities in 43 states. Only children with a minimum IQ of 50 were admitted (except for a few "trainable" classes in New York City, which closed in 1929.) Only 16 states provided state support for mental retardation classes before 1949, but four more states passed statutes that year. World War II had shown that mildly retarded could perform quite well in a structured situation. And, in 1950, parents from 44 states met to form a national advocacy organization, which would become the National Association for Retarded Children (NARC) the next year.

The ideal system had not arrived. Doctors still recommended institutions. And, as bad as they were, parents added their children's names to long waiting lists. Private schools were not only scarce but cost more than most families made. Social workers and rehabilitation counselors knew little about the problems of the children or their families.

It was another decade, 1960, before a White House Conference gave its first serious attention to mental retardation, thanks largely to the efforts of NARC, its president, Dr. Elizabeth Boggs, and its executive director, Dr. Gunnar Dybwad.

In 1961, President John F. Kennedy convened a Panel on Mental Retardation, which published a report, National Action to Combat Mental Retardation. He then appointed Dr. Stafford Warren the first Special Assistant to the President on Mental Retardation. In 1962, Kennedy dropped the "Physically" from the President's Committee on Employment of the Handicapped, and gave it a broad mandate to study, report and recommend. In 1966, President Johnson created a President's Committee on Mental Retardation. These two committees and the National Action to Combat Mental Retardation report produced by the panel probably led directly to most of the enlightened legislation we are fighting to hold onto today.

IN KENTUCKY...

In the days before Samuel G. Howe, the mentally defective--along with the mentally ill, orphans, widows, thieves, actors, alcoholics and other indigents--usually went to the poor house. The Kentucky Feebleminded Institute took only the "teachable" and "those not fit to be at large." But Kentucky's Pauper Idiot Law gave needy families $75 a year to take care of their retarded child. (Noting the annual $25,000 cost to the state, the Institute's Superintendent, Dr. Stewart said, in 1894, that he had tried to repeal "our idiot law" for 16 years). And Wolfensberger writes that, in 1884 alone, about 3% of the residents of the state institution were placed into community employment. Kentucky was indeed a model service state in the early days.

During the next 60 or so years, however, little changed. By 1959, the Feebleminded Institute had become the Training Home and had 1100 souls crammed into buildings originally designed for a crowded 800.

But, in 1960, the General Assembly passed a law that created a Division of Mental Retardation in the Welfare Department, and parent group representatives from Louisville, Greendale, Owensboro, Lexington, Covington, Ashland, Prestonsburg, Paducah, Hazard and Madisonville met in Frankfort to consider how to implement the law.

During the same legislative session, another measure was passed, that provided for the Department of Education to allocate special education classroom units in the public schools, and to pay $5,000 for each unit if qualified teachers could be found.

In 1962, under Governor Bert Combs, father of a retarded son, (and as part of the most extensive governmental reorganization since A.B. "Happy" Chandler in 1936), the Kentucky Training Home and the Division for Mental Retardation were placed in the Department of Mental Health and their budget doubled to $4,405,000 for the biennium.

Combs announced that the new program would accelerate prevention efforts, coordinate rehabilitation programs, and increase foster placement. In FY 60-61, the Pauper Idiot Law was fading out, its yearly cost down to $7,957, a sharp drop from the $37,459 it had cost the state 4 years earlier when Kentucky passed its Aid to the Permanently and Totally Disabled Law. Counties had paid half of the pension under the Pauper Idiot Law, but A.P.T.D., which averaged $59.24 a month and went as high as $80 a month, came entirely from the state.

Kentucky's second mental retardation institution, Outwood, opened in Dawson Springs at the end of 1962, when 35 patients were moved from the Training Home. The Mental Health Commissioner predicted it would be a year before Outwood reached its 500-patient capacity, and Governor Combs called it "the best break the mentally retarded have had since the Kentucky Training Home was established 100 years ago. Outwood is ideal for the type of training needed by the mentally retarded."

In 1964, Governor Combs appointed a Mental Retardation Planning Commission which served for 15 months and produced a comprehensive report, Pattern for Mental Retardation Programs and Services, which was published in 1966. The report included recommendations from both the Commission and its task forces on prevention, research, clinical services, residential care, community services, special education, vocational rehabilitation, coordination, records and reporting and public awareness. Its appendix (like its sister mental health document, Patterns for Change) recommended a regional approach, using a comprehensive mental health/mental retardation board system, to implement the program.

The second paragraph of the Preface to Pattern for Mental Retardation Services and Programs still says "The individual who is mentally retarded is a tragic human figure in himself -- living, yet not alive, never to be what he could have been. Without compassionate and wise intervention, he is the innocent agent of profound and endless suffering to his family and a perpetual burden to society."

Yet the same Preface closes with these belief statements:

1. The mentally retarded are entitled to opportunities for maximum development of their potentialities. Every retarded person and his family are entitled to the concern and assistance of the community, expressed through public and voluntary resources.

2. The retarded person is a human being first, and a handicapped individual secondly. He should have access to all the general community services that he can use in common with others. Only when integrated services fail to meet his needs should there be specialized services.

3. Services for retarded persons should be close to their homes and families. The integrity of the family unit should be preserved whenever possible.

4. Services should be planned and provided as a part of a continuum, which means that the pattern of facilities and eligibility shall be so complete as to meet the needs of each retarded person, regardless of his age or degree of handicap, and at each stage of his life development.

5. It is desirable for the State to assume leadership in the development of a comprehensive plan, leaving with the community responsibility for local planning and administration of most service aspects of the community program.

6. The complex nature of the problem and the different conditions in the State mean that planning will be flexible and subject to correction. It also means that a fixed blueprint is inadvisable. Planning should continue as services are increased.

7. Close attention must be paid to primary prevention, so as to wage an attack on causes as far as they are known, whether they be biological, economic or cultural.

8. Provision for research and for training of professional persons to work with the mentally retarded should be

built into service programs whenever possible.

By 1972, there were 121 day care training centers (in 1966, there were only 22), 16 sheltered workshops (5 more than a year earlier), 25 adult training programs (none in 1969), and 15 regional mental health/mental retardation boards operating 22 centers, each with a staff person designated as director of mental retardation services. Kentucky Training Home was, by then, Frankfort State Hospital and School.

In 1972, Oakwood opened in Somerset, and Frankfort State Hospital and School closed after more than 90 years of steady custodial service. In 1973, another massive state government reorganization took place. The Department of Mental Health became part of the Bureau for Health Services, along with the old Department of Health and the Kentucky Crippled Childrens Commission. The Bureau for Health Services, in turn, was one of four Bureaus in the Department for Human Resources, and very little staff, funding or priority was given to community services for mental retardation during the next six years.

The 1979 New Directions Plan spoke of needs and goals of Kentuckians with mental retardation, but gave little direction for meeting them. Public Law 95-602, which also revised the Rehabilitation Act, redefined the developmentally disabled population and gave a revamped Kentucky Developmental Disabilities Planning Council strong new direction. Its goals were "to develop a broad based regionalized community service system which addressed the goal of deinstitutionalization ...to build a system that would insure quality of life for those persons judged to be appropriately placed within publicly funded institutions...to develop an ongoing and collaborative system of planning and monitoring/evaluation mechanism...(and) to develop a program of education, influencing and advocacy that would enable the State Council to become the primary focal point for assuring the availability of quality services."

The 1981-1983 Kentucky Developmental Disabilities Planning Council plan complements this present plan. (The information for this article was obtained primarily from:

Patterns for Mental Retardation, prepared by the Kentucky Mental Retardation Planning Commission and published, in 1964 by the Kentucky Department of Mental Health.

New Opportunities, published in 1972 by the Kentucky Department of Mental Health.

New Directions '79, published by the Department for Human Resources.

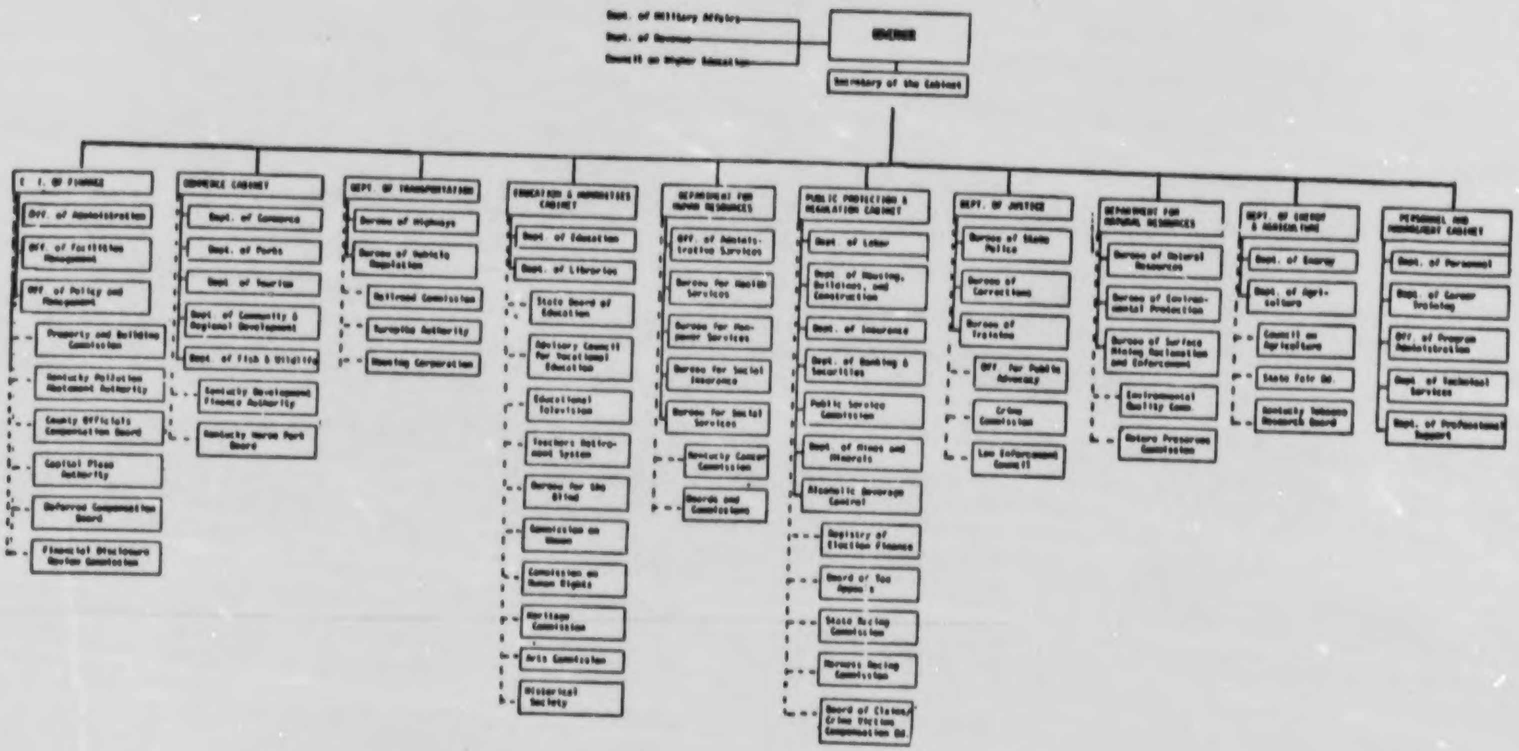
The 1980 and 1981 State Plans published by the Kentucky Developmental Disabilities Planning Council.

News Clippings of the 1950's and 1960's from the old Department of Mental Health clipping file.

The MR 76: Mental Retardation Past and Present report from the President's Committee on Mental Retardation cited above.

BEST COPY AVAILABLE

EXECUTIVE BRANCH


GOVERNOR
Dept. of Military Affairs
Dept. of Revenue
Council on Higher Education
Secretary of the Cabinet
DEPT. OF FINANCE
Off. of Administration
Off. of Facilities Management
Off. of Policy and Management
Property and Building Commission
Kentucky Pollution Abatement Authority
County Officials Compensation Board
Capital Plaza Authority
Deferred Compensation Board
Financial Disclosure Review Commission
COMMERCE CABINET
Dept. of Commerce
Dept. of Parks
Dept. of Tourism
Dept. of Community & Regional Development
Dept. of Fish & Wildlife
Kentucky Development Finance Authority
Kentucky Horse Park Board
DEPT. OF TRANSPORTATION
Bureau of Highways
Bureau of Vehicle Regulation
Railroad Commission
Turnpike Authority
Housing Corporation
EDUCATION & HUMANITIES CABINET
Dept. of Education
Dept. of Libraries
State Board of Education
Advisory Council for Vocational Education
Educational Television
Teachers Retirement System
Bureau for the Blind
Commission on Women
Commission on Human Rights
Heritage Commission
Arts Commission
Historical Society
DEPARTMENT FOR HUMAN RESOURCES
Off. of Administrative Services
Bureau for Health Services
Bureau for Manpower Services
Bureau for Social Insurance
Bureau for Social Services
Kentucky Cancer Commission
Boards and Commissions
PUBLIC PROTECTION & REGULATION CABINET
Dept. of Labor
Dept. of Housing, Buildings, and Construction
Dept. of Insurance
Dept. of Banking & Securities
Public Service Commission
Dept. of Mines and Minerals
Alcoholic Beverage Control
Registry of Election Finance
Board of Tax Appeals
State Racing Commission
Harness Racing Commission
Board of Claims/Crime Victims Compensation Bd.
DEPT. OF JUSTICE
Bureau of State Police
Bureau of Corrections
Bureau of Training
Off. for Public Advocacy
Crime Commission
Law Enforcement Council
DEPARTMENT FOR NATURAL RESOURCES
Bureau of Natural Resources
Bureau of Environmental Protection
Bureau of Surface Mining Reclamation and Enforcement
Environmental Quality Comm.
Nature Preserves Commission
DEPT. OF ENERGY & AGRICULTURE
Dept. of Energy
Dept. of Agriculture
Council on Agriculture
State Fair Bd.
Kentucky Tobacco Research Board
PERSONNEL AND MANAGEMENT CABINET
Dept. of Personnel
Dept. of Career Training
Off. of Program Administration
Dept. of Technical Services
Dept. of Professional Support

THE DEPARTMENT FOR HUMAN RESOURCES

The Department for Human Resources is the umbrella agency in Kentucky for the delivery of human services:

Bureau for Health Services

The Bureau for Health Services' mission is to be the "trustee of the health of the Commonwealth." Working in cooperation with the private health care delivery system, the Bureau has direct responsibility for delivery of a limited number of health/related services. The Bureau provides funding, technical assistance and administrative support for programs administered by local boards of health or regional mental health/mental retardation boards. These boards, in turn, operate either the local health departments or the regional community mental health/mental retardation agencies throughout the Commonwealth.

In addition, the Bureau directly operates a number of facilities providing care in the areas of mental health and mental retardation.

Bureau for Manpower Services

The mission of the Bureau for Manpower Services is to assist job-seekers in finding suitable jobs, and to help employers find needed workers. Other services involve providing employment counseling, aptitude testing and job development for applicants; applicant screening and selection and test development for employers; and labor market statistical information for employers and the general public.

In addition, Manpower Services operates the federal CETA (Comprehensive Employment and Training Act of 1973) Program, the WIN (Work Incentive) Program and the Job Corps Program, all designed to provide training and/or employment to various disadvantaged and low income groups in the general population.

Bureau for Social Insurance

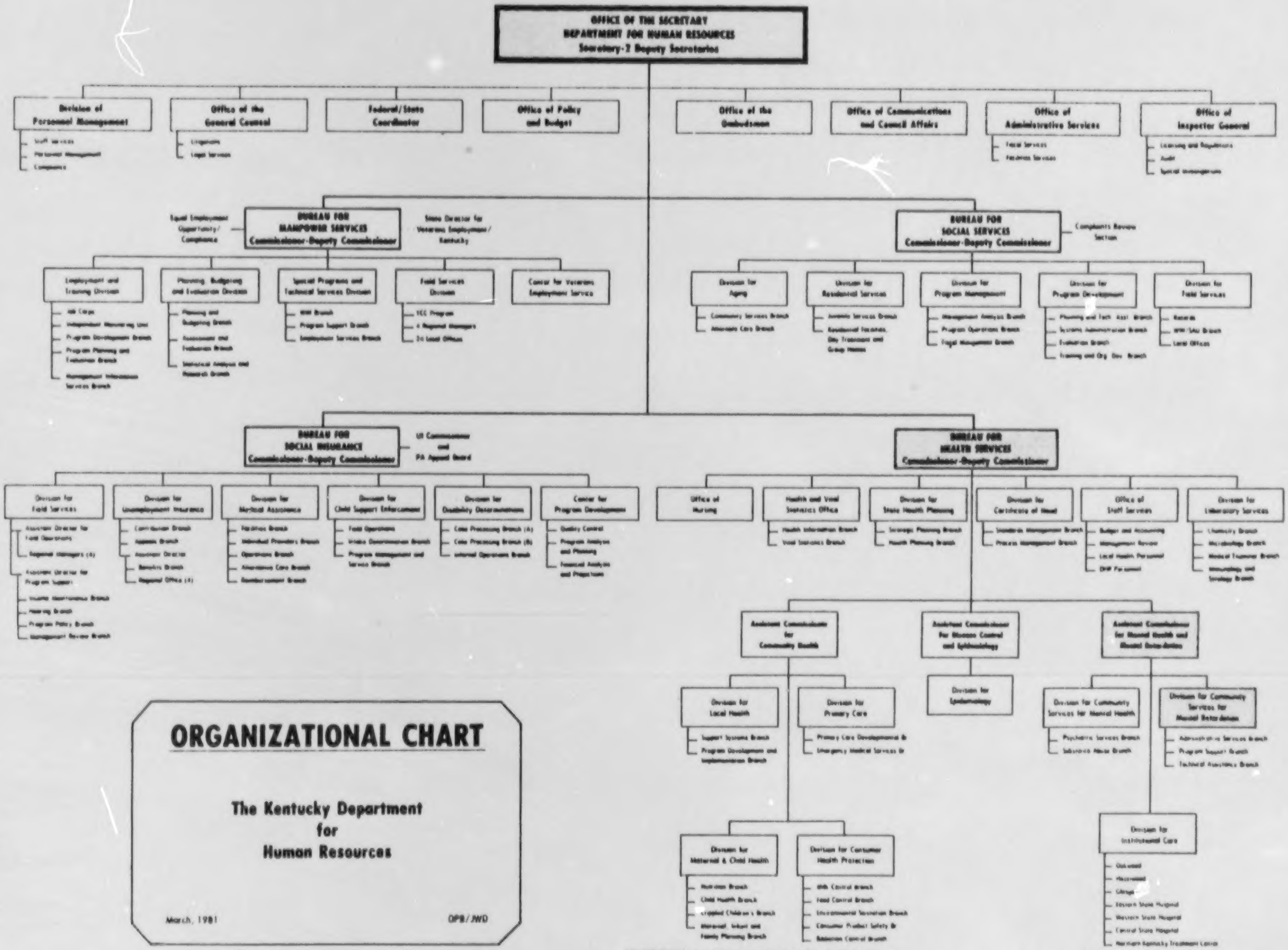
The mission of the Bureau for Social Insurance is to deliver services to help citizens meet their financial, nutritional, and medical needs. To that end, this Bureau has responsibility for administering federal and state programs, including Unemployment Insurance, Disability Determinations, Medical Assistance, Food Stamps, Child Support, and Assistance Payments, designed to help families and individuals who are eligible to receive such assistance.

Have responsibility for implementation of the programs administered by the Bureau. They must be responsive to requests for assistance from any citizens.

Bureau for Social Services

The Bureau for Social Services provides services to individuals and families to aid them in achieving decent living standards and a better quality of life. Emphasis is placed on mandated programs for delinquent youth, family planning, and protection of the aged and children from abuse, neglect and exploitation.

The Bureau provides counseling and referral services to aged, disabled and blind persons, and through Kentucky's Court System gives treatment services to young offenders and protective services to children and adults.


OFFICE OF THE SECRETARY
DEPARTMENT FOR HUMAN RESOURCES
Secretary-2 Deputy Secretaries
Division of Personnel Management
Staff Services
Personnel Management
Compliance
Office of the General Counsel
Litigation
Legal Services
Federal/State Coordinator
Office of Policy and Budget
Office of the Ombudsman
Office of Communications and Council Affairs
Office of Administrative Services
Fiscal Services
Facilities Services
Office of Inspector General
Licensing and Regulations
Audit
Special Investigations
Equal Employment Opportunity/ Compliance
BUREAU FOR MANPOWER SERVICES
Commissioner-Deputy Commissioner
State Director for Veterans Employment/ Kentucky
Employment and Training Division
Job Corps
Independent Monitoring Unit
Program Development Branch
Program Planning and Evaluation Branch
Management Information Services Branch
Planning, Budgeting and Evaluation Division
Planning and Budgeting Branch
Assessment and Evaluation Branch
Statistical Analysis and Research Branch
Special Programs and Technical Services Division
WIN Branch
Program Support Branch
Employment Services Branch
Field Services Division
YCC Program
4 Regional Managers
Local Offices
Center for Veterans Employment Service
BUREAU FOR SOCIAL SERVICES
Commissioner-Deputy Commissioner
Complaints Review Section
Division for Aging
Community Services Branch
Alternate Care Branch
Division for Residential Services
Juvenile Services Branch
Residential Facilities, Day Treatment and Group Homes
Division for Program Management
Management Analysis Branch
Program Operations Branch
Fiscal Management Branch
Division for Program Development
Planning and Tech. Asst. Branch
Systems Administration Branch
Evaluation Branch
Training and Org. Dev. Branch
Division for Field Services
Districts
WIN/SAU Branch
Local Offices
BUREAU FOR SOCIAL INSURANCE
Commissioner-Deputy Commissioner
UI Commissioner and PA Appeal Board
Division for Field Services
Assistant Director for Field Operations
Regional Managers (4)
Assistant Director for Program Support
Income Maintenance Branch
Hearing Branch
Program Policy Branch
Management Review Branch
Division for Unemployment Insurance
Contribution Branch
Appeals Branch
Assistant Director
Benefits Branch
Regional Office (4)
Division for Medical Assistance
Facilities Branch
Individual Providers Branch
Operations Branch
Alternative Care Branch
Reimbursement Branch
Division for Child Support Enforcement
Field Operations
Intake Determination Branch
Program Management and Service Branch
Division for Disability Determinations
Case Processing Branch (A)
Case Processing Branch (B)
Internal Operations Branch
Center for Program Development
Quality Control
Program Analysis and Planning
Financial Analysis and Projections
BUREAU FOR HEALTH SERVICES
Commissioner-Deputy Commissioner
Office of Nursing
Health and Vital Statistics Office
Health Information Branch
Vital Statistics Branch
Division for State Health Planning
Strategic Planning Branch
Health Planning Branch
Division for Certificate of Need
Standards Management Branch
Process Management Branch
Office of Staff Services
Budget and Accounting
Management Review
Local Health Personnel
DHR Personnel
Division for Laboratory Services
Chemistry Branch
Microbiology Branch
Medical Examiner Branch
Immunology and Serology Branch
Assistant Commissioner for Community Health
Division for Local Health
Support Systems Branch
Program Development and Implementation Branch
Division for Primary Care
Primary Care Development Br.
Emergency Medical Services Br.
Division for Maternal & Child Health
Nutrition Branch
Child Health Branch
Crippled Children's Branch
Maternal, Infant and Family Planning Branch
Division for Consumer Health Protection
Milk Control Branch
Food Control Branch
Environmental Sanitation Branch
Consumer Product Safety Br.
Radiation Control Branch
Assistant Commissioner for Disease Control and Epidemiology
Division for Epidemiology
Assistant Commissioner for Mental Health and Mental Retardation
Division for Community Services for Mental Health
Psychiatric Services Branch
Substance Abuse Branch
Division for Community Services for Mental Retardation
Administrative Services Branch
Program Support Branch
Technical Assistance Branch
Division for Institutional Care
Oakwood
Hazelwood
Glasgow
Eastern State Hospital
Western State Hospital
Central State Hospital
Northern Kentucky Treatment Center

ORGANIZATIONAL CHART

The Kentucky Department
for
Human Resources

March, 1981 OPB/JWD

BEST COPY AVAILABLE

BUREAU FOR HEALTH SERVICES

The mission of the Bureau for Health Services is outlined in the last section (under the Department for Human Resources). The mission for the Bureau is facilitated by:

Commissioner's Office
This office directs and coordinates all services and programs provided by the Bureau for Health Services.

Division for State Health Planning
This division is responsible for the development of the State Health Plan and providing staff to the State Health Coordinating Council. The division also has responsibility for long-range (strategic) health planning.

Division for Certificate of Need
This division serves as professional staff to the State Certificate of Need Board. This citizen body has responsibility for assuring that Kentucky has health facilities, services and manpower to match the assessed health needs of the Commonwealth's citizens.

Division for Laboratory Services
This division provides technical support to public and private health providers in all areas requiring sophisticated laboratory equipment and trained personnel for detection and identification of disease causing agents.

Division for Consumer Health Protection
This division has the responsibility for planning, integrating, developing, and monitoring state, district and local health services in preventing the manufacture, distribution and sale of adulterated, misbranded or falsely advertised foods and cosmetics; in minimizing radiation exposure of the public; in reducing the risk of personal injury from unsafe consumer products and chemicals; in preventing disease transmission and detecting existence of unsanitary conditions in public places.

Division of Local Health
This division is responsible for planning, development and monitoring of programs concerned with prevention of chronic and communicable diseases. The division also provides local health units with funding, technical assistance, management support, monitoring and evaluation, and has administrative responsibility for some Bureau and local health professional training and career enhancement.

Division for Primary Care
This division is responsible for planning, development and monitoring of programs concerned with primary health care. It is also responsible for development of regional emergency medical services throughout the state.

Division for Maternal and Child Health
This division has responsibility for planning, development and monitoring of programs and services related to mothers and children. Included are the family planning, crippled children's and nutrition programs.

Division for Epidemiology
This division has responsibility for planning, developing and monitoring epidemiology and disease control services and activities.

Division for Community Services for Mental Health

This division has responsibility for community mental health services and programs. The service delivery mechanism is the community mental health/mental retardation board.

Division for Community Services for Mental Retardation

This division has responsibility for community mental retardation and other developmental disabilities services. This includes services offered by community mental health/mental retardation boards.

Division for Institutional Care

This division has responsibility for mental health and mental retardation facilities throughout the state.

DIVISION FOR COMMUNITY SERVICES FOR MENTAL RETARDATION

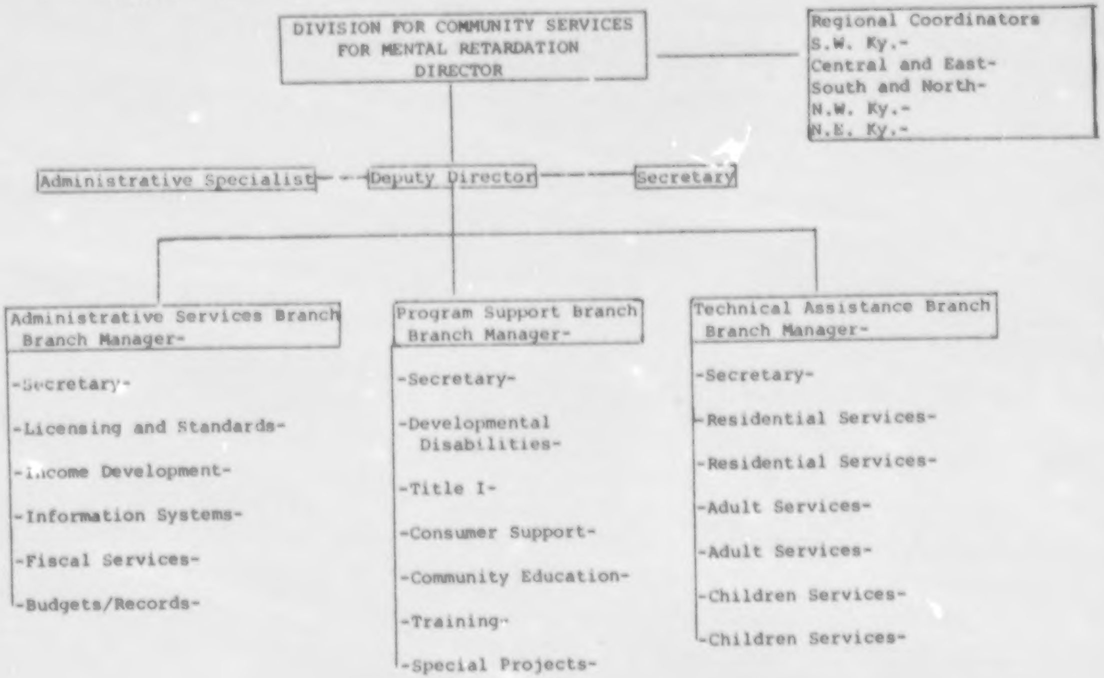
The Division for Community Services for Mental Retardation is designated as the administering agency for community services throughout Kentucky for citizens with mental retardation/ developmental disabilities. The Division Director and the three branches are charged with the following responsibilities:

Division Director - Provides overall direction and coordination for the Division, which is charged with responsibility for developing an array of community-based services that would enable persons with mental retardation to remain in or return to their home communities.

Administrative Services Branch - Administers, plan and coordinates licensing and standards, income development, data/fiscal information and grants and contracts.

Program Support Branch - Administers, plans and coordinates the Developmental Disabilities Program, Title I Program, special services and equipment, community education, consumer support, special projects, and statewide contracts.

Technical Assistance Branch
Provides technical assistance and training to community-based service providers in the areas of residential, vocational, educational and support services.


DIVISION FOR COMMUNITY SERVICES
FOR MENTAL RETARDATION
DIRECTOR
Regional Coordinators
S.W. Ky.-
Central and East-
South and North-
N.W. Ky.-
N.E. Ky.-
Administrative Specialist
Deputy Director
Secretary
Administrative Services Branch
Branch Manager-
-Secretary-
-Licensing and Standards-
-Income Development-
-Information Systems-
-Fiscal Services-
-Budgets/Records-
Program Support Branch
Branch Manager-
-Secretary-
-Developmental Disabilities-
-Title I-
-Consumer Support-
-Community Education-
-Training-
-Special Projects-
Technical Assistance Branch
Branch Manager-
-Secretary-
-Residential Services-
-Residential Services-
-Adult Services-
-Adult Services-
-Children Services-
-Children Services-

RELATED AGENCIES

DEPARTMENT OF EDUCATION

BUREAU OF REHABILITATION SERVICES

The Bureau of Rehabilitation Services within the Department of Education is responsible for rehabilitation services in Kentucky. These services are delivered under a three year state plan, written in compliance with Title I of the Rehabilitation Act of 1973 (P.L. 93-112), as amended by P.L. 93-567 and P.L. 95-602. The current plan covers fiscal years 1980 through 1982.

The Bureau of Rehabilitation Services is primarily concerned with providing direct and support services to individuals who have a physical or mental disability which constitutes or results in a substantial handicap to employment. The goal of the program is to enable these individuals to enter or retain employment consistent with their respective capacities and abilities in the competitive labor market, to practice a profession or be engaged in sheltered or homebound employment or other gainful work.

The agency is placing special emphasis on services to handicapped persons who are dependent on public support or who are being served in institutional settings, with special attention to increasing placement in remunerative positions.

BUREAU OF EDUCATION FOR EXCEPTIONAL CHILDREN

The responsibility of the Department of Education for the general supervision of all educational programs for exceptional children is clearly established through state law, regulation, court order, and memorandums of agreement. This responsibility includes insuring that the requirements of Public Law 94-142 are carried out and insuring that each educational program for exceptional children in the state meets both state education standards and the requirements of P.L. 94-142. "Educational program" as used throughout statutory citations is defined to include the processes of identification, location, evaluation and educational placement as these processes relate to the provision of special education and related services to exceptional children.

KRS 157.221 provides that the state board of education shall create a bureau of education for exceptional children in the state department of education, separate from any other existing bureau, to supervise and direct a state program for exceptional children in this Commonwealth. KRS 157.224 establishes that "the Commonwealth of Kentucky is committed to providing a comprehensive educational program for its exceptional school age children. The Bureau of Education for Exceptional Children, through KRS 157.221, coordinates, directs, and monitors that program."

DEPARTMENT OF JUSTICE

PROTECTION AND ADVOCACY DIVISION

Protection and Advocacy is a division of the Office for Public Advocacy established by state and federal law. It has the responsibility to protect and advocate for the human, legal, and civil rights of all Kentuckians who have developmental disabilities.

The Protection and Advocacy Division was established in accordance with a 1975 federal law, Public Law 94-103, which was later amended by Public Law 95-602.

The legislation was strong and clear in its intent to assure the rights of persons with developmental disabilities. The law said "each ...state shall have in effect a system to protect and advocate the rights of persons with developmental disabilities..." Additionally, the law said that the system must be completely independent of any agency providing treatment, services, or habilitation to such persons. It also granted the Protection and Advocacy system the authority to pursue remedies administratively and through the courts, if necessary.

KENTUCKY DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

The Kentucky Developmental Disabilities Planning Council is a unique advocacy body. It is composed of disabled persons and their representatives and top-level state agency executives with responsibility for the major state programs serving persons with mental retardation and developmental disabilities, all appointed by the Governor. As an advocate for the most disabled persons, the primary responsibility of the Council is to identify the population with developmental disabilities, assess that population's service needs, survey the existing services, and plan how to satisfy unmet service needs.

Although a planning council has existed in Kentucky since the early seventies, it was not until 1978 that it took the shape we know today. In February, 1978, Governor Julian Carroll signed an executive order reconstituting the Council. By September, the Department for Human Resources had assigned three (3) full-time staff persons to work with Council members.

The Planning Council is part of Kentucky's developmental disabilities program, designed by Congress to serve severely handicapped persons who have traditionally been unserved or underserved. This population was originally identified as persons substantially handicapped with mental retardation, cerebral palsy, epilepsy and later, autism. In line with the movement away from labelling and in recognition of the individuality of disabled persons, the target population was redefined in 1978 in terms of functional impairments. Many persons with mental retardation would be considered to be developmentally disabled because of their impairments in life functions not because of their mental retardation.

The Council has contributed to the movement toward the provision of an array of services in the local community as an alternate to institutionalization. For some time, the state plan developed jointly by the Council and the Department for Human Resources has supported such a development. The greatest part of federal developmental disabilities funds coming to the state have been spent to build community-based services operated by the community mental health/mental retardation boards. For the three (3) years, 1981 to

1984, the Council has designated case management and alternative community living arrangment as priority service areas.

Although the Council's planning efforts have largely centered around the formula grant funds, it does review and comment on other major state plans. Through its varied membership, the Council has influenced the coordination of services to persons with developmental disabilities. The Council also engages in public education and training activities to promote the rights of individuals with developmental disabilities.

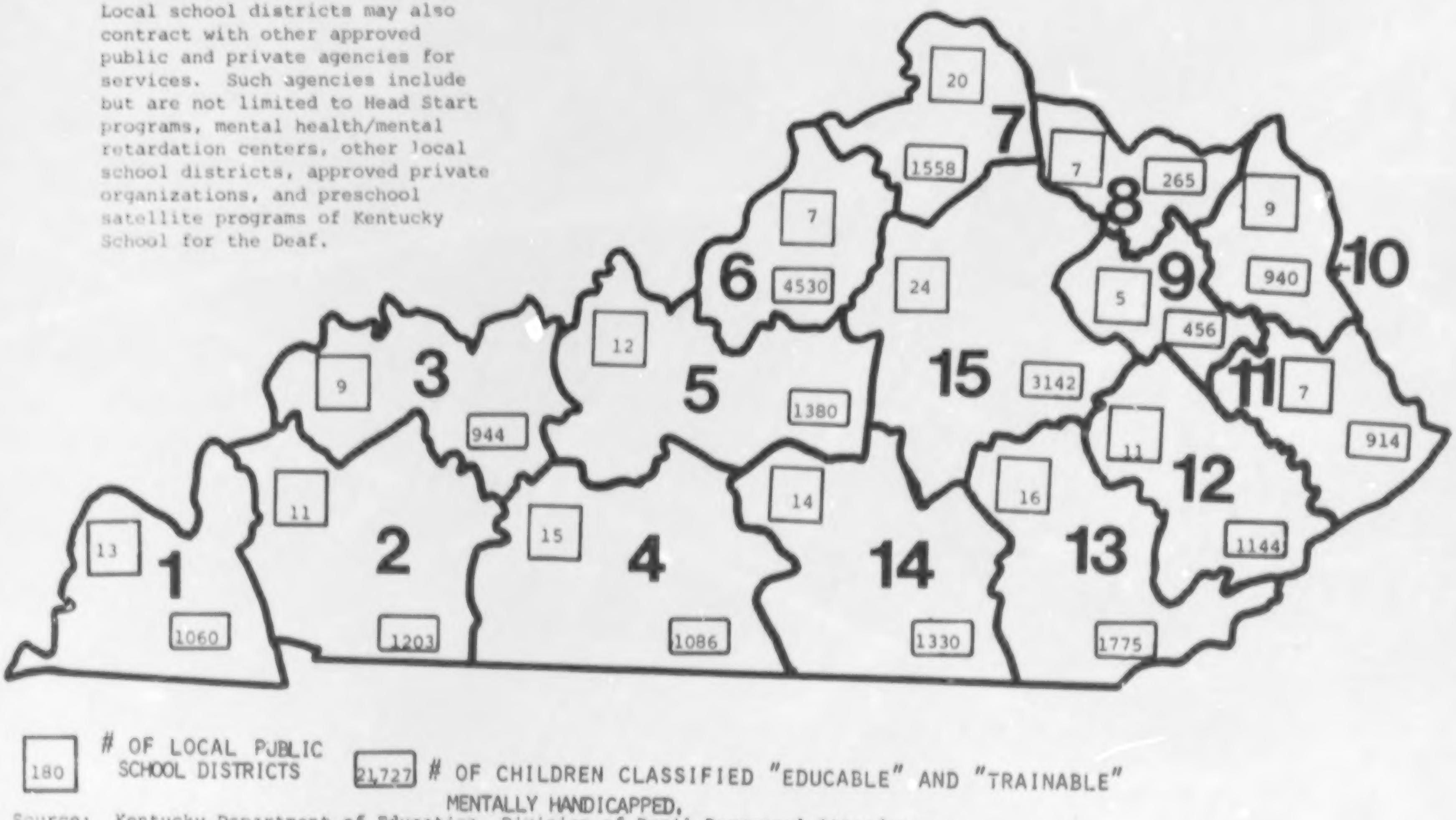
LOCAL SCHOOL DISTRICTS

Special education is defined to mean specially designed instruction, at no cost to the parent, to meet the unique needs of an exceptional child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions. Related services include developmental, corrective and support services needed by the child in order to benefit from special education. These services include the following services as defined in federal regulations pursuant to P.L. 94-142: speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, medical services for diagnostic or evaluation purposes, school health services, social work services in schools, and parent counseling and training. The determination of the need for such services must be made through the Admissions and Release Committee process based on the individual needs of the child and the need for such services in order for the child to benefit from special education.

State law authorizes the expenditure of state funds to provide special education services to exceptional children ages 5 to 21. Provision is made for full state funding for all children ages 5 through 17. The use of state funds to serve children 18 to 21 is permitted. Providing special education and related services for exceptional children ages birth through 4 and for children age 21 is permitted through the use of local, federal or other public agency funds. These funding sources (local, federal, or other public agency funds) are available for programs for children ages 5 through 20 as well.

The following Kentucky Revised Statutes relate to the provision of services to children birth through 21. KRS 158.100 provides for an approved 12 grade school service for all children under 21. It also places the responsibility upon the district of residence to either maintain an approved elementary and secondary school service or contract for the provision of those services. KRS 157.312 authorizes the establishment of a kindergarten in the common schools. 707 KAR 5:050 provides for the operation of public kindergarten units receiving Minimum Foundation funds. A local board of education has the authority under KRS 158.090 with State Board approval to establish and maintain a kindergarten program for children 4 to 6 years of age. A local school district providing a preschool program for children ages 3 and 4 must include in the selection process all children within the age range regardless of handicapping condition. Kentucky Administrative Regulations have been revised in regard to requirements for normal school entrance for children whose fifth birthday falls between September 1 and December 31. Children must be age 5 by September 1 to enroll in kindergarten.

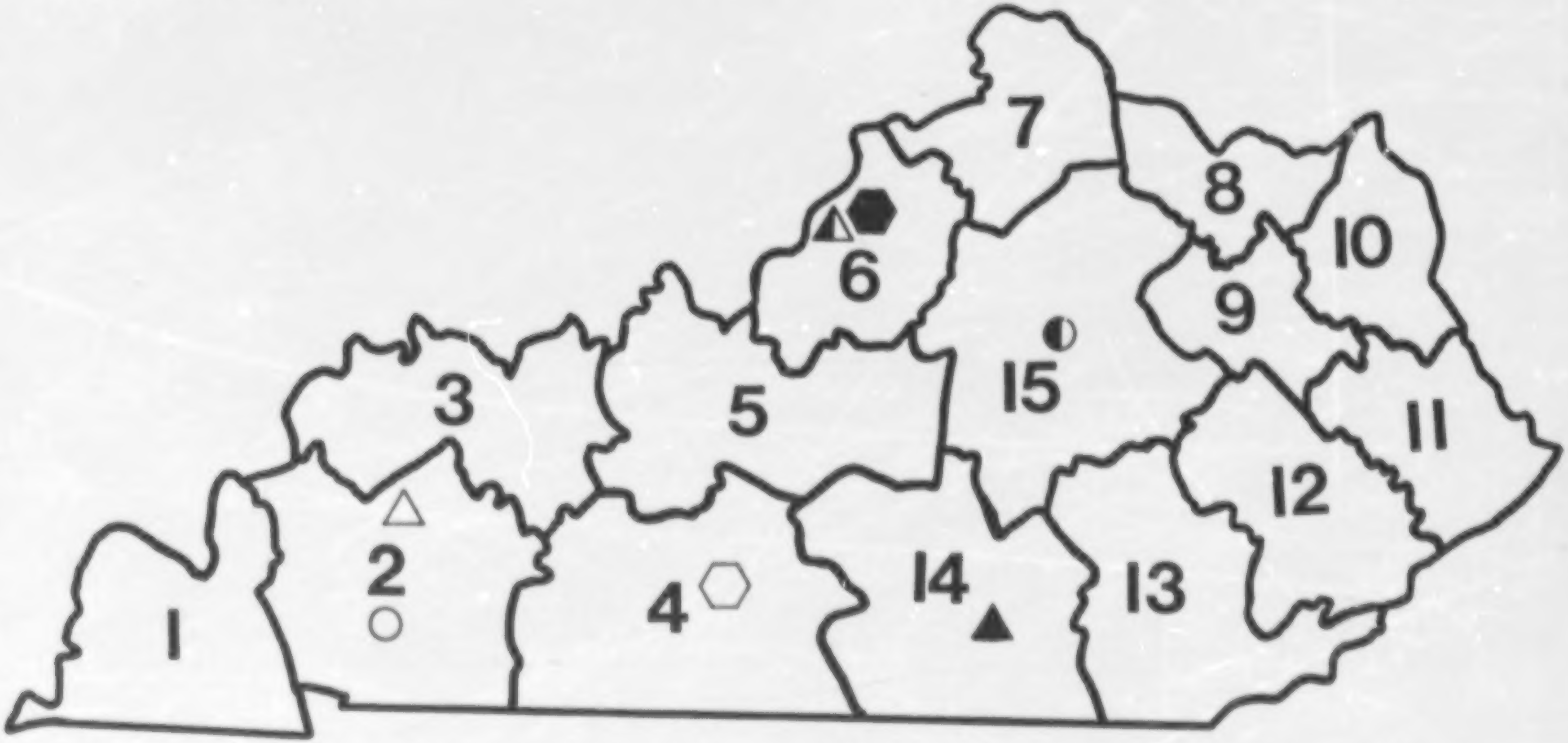
In expanding Kentucky's mandated service age from 6 through 17, various resources were available. Pupils of this age group may be placed in programs which provide appropriate services based on the Individual Education Program (IEP). State funds are available for such services through regular and/or special education classrooms. Local school districts may also contract with other approved public and private agencies for services. Such agencies include but are not limited to Head Start programs, mental health/mental retardation centers, other local school districts, approved private organizations, and preschool satellite programs of Kentucky School for the Deaf.


1
13
1060
2
11
1203
3
9
944
4
15
1086
5
12
1380
6
7
4530
7
20
1558
8
7
265
9
5
456
10
9
940
11
7
914
12
11
1144
13
16
1775
14
14
1330
15
24
3142
180
# OF LOCAL PUBLIC SCHOOL DISTRICTS
21,727
# OF CHILDREN CLASSIFIED "EDUCABLE" AND "TRAINABLE" MENTALLY HANDICAPPED.

Source: Kentucky Department of Education, Division of Pupil Personnel Attendance and Accounting, Handicapped Children Receiving Special Education and Related Services, December 1, 1979.

STATE OPERATED PROGRAMS

STATE OWNED FACILITIES SERVING PERSONS WITH MENTAL RETARDATION



NUMBER OF BEDS OCCUPIED AS OF JUNE 30, 1981

△ Outwood (239)
◭ Hazelwood (209)
▲ Oakwood (408)
○ Western (96)
◐ Eastern (24)
⬡ Glasgow (22)
⬢ Central (50)

Source: Division for Institutional Care

STATE OPERATED PROGRAMS

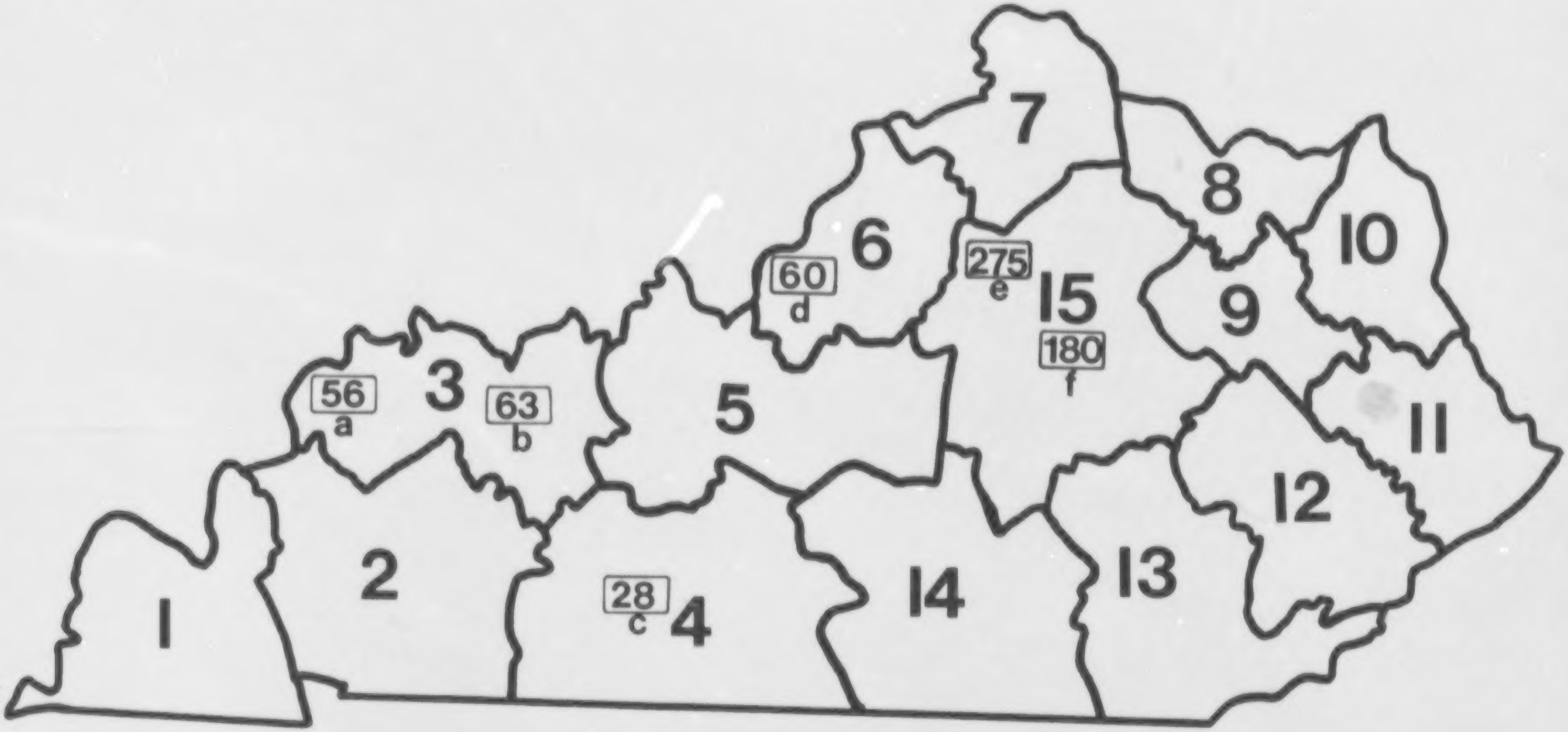
The State Department for Human Resources, through the Bureau for Health Services, Division for Institutional Care has direct administrative responsibility for three (3) of the four (4) state owned facilities (ICF-MR/DD) housing and providing programs specifically for individuals with mental retardation. A fourth facility is owned by the Commonwealth and operated under management contract by Excepticon, Inc. of Lexington, Kentucky. These facilities provide medical, educational, and habilitative services in a 24-hour supervised setting.

Hazelwood, a 220 bed ICF-MR/DD located in Louisville, Kentucky, serves individuals who are nonambulatory, have significant medical difficulties and multiple disabilities. A number of the residents of Hazelwood receive academic instruction in the Jefferson County Public School System. Another Louisville facility, the 68 bed ICF-MR/DD unit of Central State Hospital housed in the Bingham Building serves adults with profound and severe retardation, including individuals with socially inappropriate behavior. A prevocational and sheltered employment program is offered in addition to self-help skills training, social recreational and educational services. Oakwood, a 420 bed ICF-MR/DD facility, constructed on a cottage style concept, is located in Somerset, Kentucky. The facility offers a range of social, recreational, educational, vocational, and medical services. Excepticon-Outwood is a 252 bed ICF-MR/DD facility owned by the state and operated by Excepticon, Inc. in Dawson Springs, Kentucky. Over one-half of the residents are adults; most individuals have severe and profound retardation.

Admissions to state MR facilities are initiated by family, guardian or legal committee through local community MH/MR centers. The community MH/MR center information, screening, and referral service in each of the fifteen (15) community MH/MR center regions evaluates the possibility of all community programs and processes referrals. An interdisciplinary team at the state level evaluates the appropriateness of admission to an institution and makes placement decisions. State ICF-MR/DD programs are designed to serve primarily individuals with profound and severe retardation and they offer basic training in living/survival skills. Individuals with mental retardation having primarily psychiatric problems are served by the psychiatric hospital system. General admission criteria include residing in Kentucky and age (only individuals over 5 years of age are considered for placement).

PRIVATE FACILITIES

PRIVATE FACILITIES SERVING PERSONS WITH MENTAL RETARDATION


7
8
10
6
60
d
275
e
15
9
180
f
56
a
3
63
b
5
11
12
2
28
c
4
14
13
1

A. HIGGINS LEARNING CENTER
B. WENDELL FOSTER CENTER
C. PANORAMA
D. CEDAR LAKE LODGE
E. STEWART HOME
F. EXCEPTICON-LEXINGTON CAMPUS

662 # OF PERSONS WHO ARE MENTALLY RETARDED

PRIVATE FACILITIES

Excepticon-Lexington Campus-ICF-MR/DD-located in Lexington, is privately owned by Excepticon, Inc. of Lexington, and operated on a for-profit basis. It has a licensed capacity of 180 and will accept state and federal funds. The facility is located in a suburban residential neighborhood on the bus line, in apartment complex style buildings. Residents must be 18 years of age and fully ambulatory. Most residents are in vocational and workshop programs or competitive employment. Two of the apartments are independent living programs designed to give the resident maximum exposure to skills and experience preparatory to independent apartment living. Traditional therapies and services are offered by an interdisciplinary staff.

Cedar Lake Lodge-ICF-MR/DD-located in LaGrange, is a private, non-profit, board-operated facility. The lodge derives its primary support from the Lutheran Church and local Civitan Clubs. The facility will accept state and federal funds in payment for service, and has a licensed capacity of 60. Residents must be above the age of 8 years, semi-or fully ambulatory, toilet-trained, and have retardation in the range from moderate to severe. Some residents attend Oldham County public schools. In addition, the facility offers in-house special education and adult activity programs. Traditional therapies and services are offered by an interdisciplinary staff.

Higgins Learning Center-ICF-MR/DD-facility located in Waverly, is owned and operated by Res-Care, Inc., of Louisville. Adults and children aged 6 or above, in moderate to severe range, as well as adults with mild retardation and significant behavioral difficulties are served. Educational and vocational programs are offered off-campus. The facility will accept state and federal funds for services. All traditional services and therapies are offered by an interdisciplinary staff.

Panorama Private Boarding School-ICF-MR/DD-a privately owned facility in Bowling Green, operated under management contract by Res-Care, Inc., of Louisville. The facility is licensed to serve 58 persons, and will accept state and federal funds for care. Residents must be aged 5 to 35, and cannot have a physical disability or primary diagnosis of autism. School-age residents attend Warren County schools. Vocational services are offered in community programs or off-campus by Panorama staff. Traditional services and therapies are offered by an interdisciplinary staff.

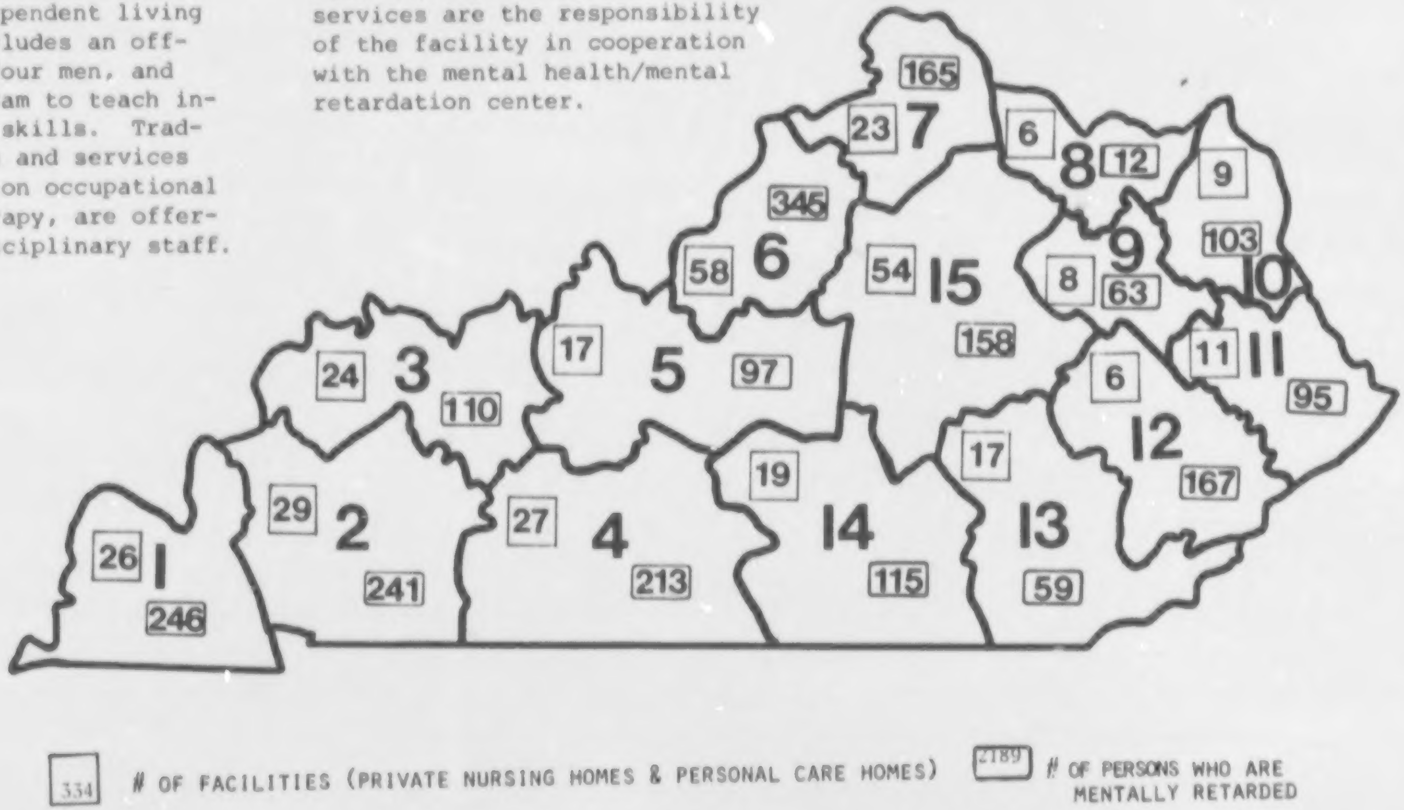
Stewart Home School-a private facility in Frankfort, serves 275 individuals. State and federal funds are not accepted for residential services. Traditional services and therapies are offered by an interdisciplinary staff.

Wendell Foster Center-ICF-MR/DD-a non-profit, board-sponsored and administered program in Owensboro, serving 63 residents.

OTHER PRIVATE FACILITIES

The facility will accept state and federal funds for services. Residents must be aged 6 or above. Non-ambulatory and those with cerebral palsy are not excluded. Residents attend public school and workshop vocational programs. The facility sponsors a step-level independent living program which includes an off-campus home for four men, and a model day program to teach independent living skills. Traditional therapies and services with an emphasis on occupational and physical therapy, are offered by an interdisciplinary staff.

Individuals may apply directly to private institutional programs for admission or request assistance from the local comprehensive care centers to coordinate a referral for evaluation by an interdisciplinary admissions committee. Planning, discharge and followup services are the responsibility of the facility in cooperation with the mental health/mental retardation center.


165
23 7
6
8 12
9
345
58 6
54 15
8 9 63
103
10
17
5 97
158
11 11
95
24 3
110
6
12
167
17
19
29 2
241
27 4
213
14
115
13
59
26 1
246
334 # OF FACILITIES (PRIVATE NURSING HOMES & PERSONAL CARE HOMES)
2189 # OF PERSONS WHO ARE MENTALLY RETARDED

CONSUMER GROUPS

Despite parent feelings of isolation, hopelessness and guilt, small parent groups began to spring up in the United States in the '40s; their purpose was to improve conditions for children in institutions or to get educational services in the community. By 1949, there were organized groups in a dozen or more states. In 1950, in Minneapolis, the National Association of Parents and Friends of Mentally Retarded Children was organized, with 44 delegates representing 23 organizations from 13 states. The next year, the name was changed to National Association for Retarded Children (NARC), and remained that way until "Children" became "Citizens" in 1975. By then, the total membership had grown to more than 218,000 in more than 1,700 state and local units.

Famous mothers began writing and talking about their children with mental retardation. Pearl Buck's book, The Child Who Never Grew, and Dale Evans' Angel Unaware were popular. Rose Kennedy told the world about her daughter, the president's sister, who inspired the Kennedy family to start Special Olympics. Mrs. Hubert Humphrey gave frequent interviews about her granddaughter.

By the 1950's Kentucky parents were finding each other, often through newspaper ads and radio announcements, and trying to organize classes for their children. The Council for Retarded Citizens (CRC) of Jefferson County was organized in March, 1952, and started a program for "trainable mentally retarded" that year. Ashland formed a group in 1952, and Owensboro in 1956. By the time Frankfort and Lexington followed suit during the next few years, Leroy Stevens of Jefferson County's CRC was already working for a statewide organization. A Kentucky association became a reality in 1955 with Stevens as its first president.

By 1960, groups were springing up all over Kentucky. Parents were organizing classes in churches, trailers, basements, garage and abandoned school buildings. Once the children had some sort of day program, a few groups turned their attention to adult needs. Owensboro opened its Opportunity Center in 1959, and Jefferson County, its first workshop in 1960.

Public school classes became a reality and started to multiply during the 1960's. By the end of the decade, regional mental health/mental retardation centers had organized and began to provide day care for preschoolers, and in some communities, to assume financial responsibility for classes and workshops that parents had started. As public support grew in the early 1970's (it was 1970 before Louisville had its first classes for children with severe and profound mental retardation), the pressure on parents to provide education and training for their children was eased. Parents of older children had additional concerns--jobs, social life, where their sons and daughters would be when parents were gone. These goals were not as clear or as simple to reach, and families were exhausted by earlier intense efforts. Individual advocates, like their counterparts across the country, needed breathing time to rethink and plan. Meanwhile, their organizations gained strength and new direction under paid professional leadership, and progress continued.

Money had once come from United Way, Community Chest, radiothons and telethons; sometimes from county or city treasuries; but primarily from a lot of cake bakes, garage sales, car washes and any other methods families and advocates could devise. Skatathons, readathons, walkathons and bikathons became the vogue of the seventies, when stronger state organizations had executive directors to put them together.

The seventies also saw the national ARC in the courts, no longer fighting for charity but for human rights. Consumer groups, of which ARC was probably the most vigorous, flooded the country with court suits.

Landmark decisions were handed down. The most significant were probably the Pennsylvania ARC Education suit (which eventually resulted in Public Law 94-142 the Education for all Handicapped Children Act) and the Wyatt vs. Stickney case in Alabama, involving the right to adequate treatment. In this same decade, the first Developmental Disabilities Services Act was passed, with its attached Bill of Rights.

The lawsuit of Kentucky's ARC (KARC vs. Peter Conn and Excepticon) was the big attempt to halt the perpetuation of the institutional model as the best way to provide for people with mental retardation in Kentucky. Although KARC did not win the suit, and may not win the appeal, the need for community services came before the public. Outstanding expert witnesses from all over the country testified for the plaintiffs. The suit was a factor in the new direction that Governor Brown and Human Resources Secretary Dr. Grady Stumbo are taking today toward community services. It was a daring move for a voluntary organization, possible only with strong staff and volunteer leadership. KARC, with help from United Cerebral Palsy of Kentucky and other smaller groups, was instrumental in having the Protection and Advocacy (P and A) agency placed in the Office of the Public Defender.

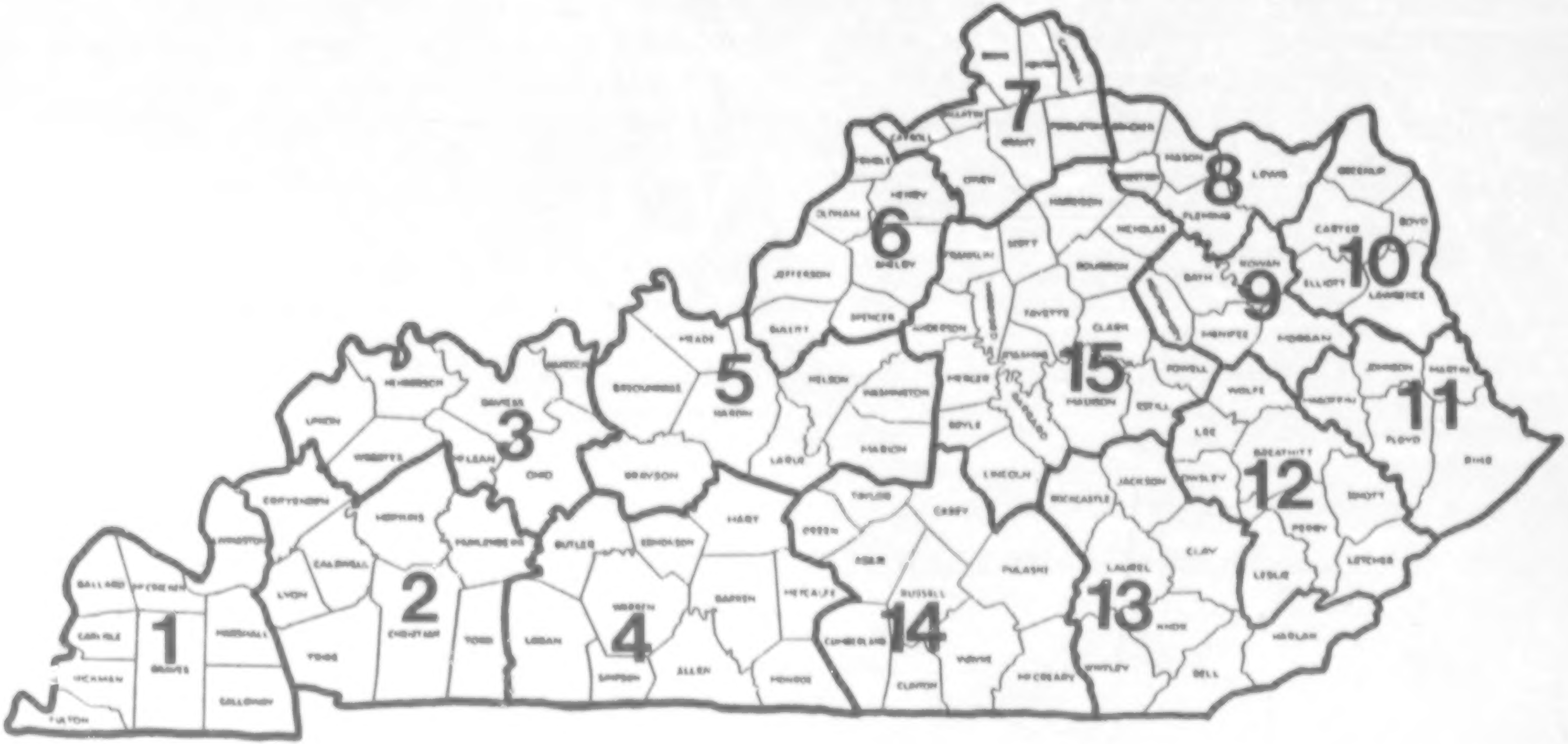
The Consumer movement continues to grow. But even with P. L. 94-142, not all Kentucky children with mental retardation are getting an appropriate education; some are still getting no services at all.

Community services for citizens of all ages are growing daily, but are still in their infancy. The threatened loss of public support intensifies the need to defend existing programs, encourage new ones and monitor all services.

Enthusiasm and participation in Associations for Retarded Citizens have taken an upward surge. There were about 300,000 members today in 1900 units representing every one of the fifty states. KARC membership increased 69% in 1980 over the preceding year, 5,000 family members in 34 units, making it one of the three fastest growing associations in America.

KENTUCKY'S REGIONAL SYSTEM

REGIONAL MENTAL HEALTH - MENTAL RETARDATION BOARDS


1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
BALLARD
McCRACKEN
CARLISLE
HICKMAN
FULTON
GRAVES
MARSHALL
CALLOWAY
LIVINGSTON
CRITTENDEN
LYON
CALDWELL
TRIGG
CHRISTIAN
TODD
HOPKINS
MUHLENBERG
UNION
WEBSTER
HENDERSON
DAVIESS
McLEAN
OHIO
HANCOCK
BRECKINRIDGE
MEADE
HARDIN
GRAYSON
BUTLER
EDMONSON
LOGAN
WARREN
SIMPSON
ALLEN
BARREN
HART
METCALFE
MONROE
JEFFERSON
OLDHAM
HENRY
SHELBY
SPENCER
BULLITT
NELSON
LARUE
WASHINGTON
MARION
TRIMBLE
CARROLL
GALLATIN
OWEN
GRANT
PENDLETON
BRACKEN
ROBERTSON
BOONE
KENTON
CAMPBELL
MASON
LEWIS
FLEMING
ROWAN
BATH
MENIFEE
MORGAN
MONTGOMERY
GREENUP
BOYD
CARTER
ELLIOTT
LAWRENCE
JOHNSON
MARTIN
MAGOFFIN
FLOYD
PIKE
WOLFE
LEE
OWSLEY
BREATHITT
KNOTT
PERRY
LESLIE
LETCHER
HARLAN
HARRISON
SCOTT
NICHOLAS
FRANKLIN
BOURBON
FAYETTE
CLARK
ANDERSON
WOODFORD
JESSAMINE
MERCER
BOYLE
GARRARD
MADISON
POWELL
ESTILL
LINCOLN
ROCKCASTLE
JACKSON
CLAY
LAUREL
KNOX
BELL
WHITLEY
TAYLOR
GREEN
CASEY
ADAIR
RUSSELL
PULASKI
CUMBERLAND
CLINTON
WAYNE
McCREARY

Region I: 5% Population: 7% Area
Region II: 5% Population: 8% Area
Region III: 6% Population: 7% Area
Region IV: 6% Population: 10% Area
Region V: 6% Population: 8% Area

Region VI: 22% Population: 5% Area
Region VII: 9% Population: 4% Area
Region VIII: 1% Population:4% Area
Region IX: 2% Population: 4% Area
Region X: 4% Population: 4% Area

Region XI: 5% Population: 5% Area
Region XII: 3% Population: 7% Area
Region XIII: 6% Population: 7% Area
Region XIV: 5% Population: 9% Area
Region XV: 15% Population: 11% Area

BEST COPY AVAILABLE

KENTUCKY'S REGIONAL SYSTEM

Kentucky's Pattern for Mental Retardation Programs and Services was published in 1966. The basic premise for the development of the pattern was stated as follows:

> "Research indicates that mentally ill and mentally retarded individuals alike realize more of their potential when they can benefit from modern community facilities while receiving the stimulus, care and encouragement of family living. Hence, the primary emphasis in their care must move from the residential facility to the community.
>
> In planning for mental health and mental retardation programs, we must think in terms of a comprehensive 'complex of services' which embraces the comprehensive community mental health center as the focal point of coordination of both mental health and mental retardation services."

To meet those objectives, legislation was passed permitting the Commonwealth to recognize regional mental health-mental retardation boards as the local authorities for services in their areas. These boards developed as private, non-profit corporations governed by volunteer board members.

The mission of the community mental health-mental retardation boards is to raise the quality of life in the region through mental health, mental retardation, alcohol and drug abuse services.

In the year since the writing of "Pattern for Change", the state involvement in operation of community mental health-mental retardation boards has experienced several changes. As programs and service delivery systems have developed, policies, rules and regulations have continued to evolve.

In recent years, the Department for Human Resources clarified and put into effect philosophies which committed the Department to a more affirmative and supportive partnership role in reaching a higher level of accountability on the part of the Department and the boards.

The present state law (KRS 210:400) sets forth the authority and duties of the board:

> "Subject to the provisions of this section and the policies and regulations of the Secretary for Human Resources, each community mental health-mental retardation board shall:

1. Review and evaluate mental health and mental retardation services provided pursuant to KRS 210.370 to 210.460, and report thereon to the secretary for human resources, the administrator of the program, and, when indicated, the public, together with recommendations for additional services and facilities;
2. Recruit and promote local financial support for the program from private sources such as community chests, business, industrial and private

foundations, voluntary agencies and other lawful sources, and promote public support for municipal and county appropriations;

3. Promote, arrange and implement working agreements with other social service agencies, both public and private, and with other education and judicial agencies;"

In order to be recognized by the state as the local authority, a regional mental health-mental retardation board must provide eight services:

...inpatient;
...outpatient;
...partial hospitalization;
...emergency;
...consultation and education;
...mental retardation services;
...alcohol abuse services; and
...drug abuse services.

The Department for Human Resources has set as priority services for persons with mental retardation, those which are considered to be crucial to the goal of reducing the need to place clients in large residential facilities. These services include community based residential, preschool/infant stimulation, case management and programs designed to provide vocational and prevocational training. Other center based services such as outpatient counseling, emergency services, and consultation and education are also available to persons with mental retardation.

Kentucky law (KRS 210) places upon the Department the responsibility for securing these services. The Department has chosen to contract with the community mental health/mental retardation boards to deliver the services.

Three basic functions of the board are: planning, implementing and evaluating. The most important document utilized by both the Department and the board is the Annual Plan and Budget. This plan provides a bridge from planning to implementation. It is the vehicle utilized by the boards to plan services for the coming fiscal year. It is an operational plan which estimates the number of clients the board expects to serve, the types of services that will be offered and the cost for these services.

Under the law, the Department must review and approve the Plan and Budget before the board is eligible to be recognized as the local authority for those programs and to receive state funds. The Plan and Budget also serves as the basis for the contract between the Department and the community mental health/mental retardation boards.

REGION		BOARD CHAIRPERSON	EXECUTIVE DIRECTOR	MR/DD DIRECTOR
I	WESTERN KENTUCKY	Glenda Cooper	Donald W. Fox, ACSW	Rick Christman
II	PENNYROYAL	William Peterson	Robert Sivley, Ph.D.	Robert Sivley, Ph.D.
III	GREEN RIVER	Rev. Michael McGarvey	J. Frank Dearness, ACSW	Charles Bratcher
IV	BARREN RIVER	Brenda Harris	Richard J. Walker, MSW	Mike Holian
V	NORTH CENTRAL	Rev. Eldon Morgan	J.W. Osbourne, MSSW	Jewell Jones
VI	SEVEN COUNTIES	Steven Carreker	Howard Bracco, Ph.D.	Jeff Strully, Ed.D
VII	NORTHERN KENTUCKY	William C. Stoll	J. Emmanuel Willett, Ph.D.	John Nienaber
VIII	COMPREHEND	Marybelle Cline	Paul W. Trussell, Jr.	Karen Middendorf
IX	CAVE RUN	Thomas J. Osbourne	Thomas C. Clay, LCSW	Ann Silker
X	LANSDOWNE	Helen Ashworth	Richard T. Stai, ACSW	Dan McElroy
XI	MOUNTAIN	Alben B. Conley	David E. Bell, Jr., MSW	Chuck Hicks
XII	KENTUCKY RIVER	Malcolm Kilduff	Daphne Northern	Lois Valentine
XIII	CUMBERLAND RIVER	Pearl Ray LeFevers	Roland Mullins	Chad Jackson
XIV	LAKE CUMBERLAND	Hallice Upchurch, Sr.	David True	Bruce Carver
XV	BLUEGRASS	Daniel B. Howard	Thomas Layton	Jo Allard

THE "IDEAL" SYSTEM 3

PURPOSE

In the ideal system, persons with mental retardation will have access to and will use the same services as all other citizens of the Commonwealth of Kentucky. Where specialized services exist for persons with special developmental needs, these services will be integrated with programs serving all citizens. The ideal system recognizes a need for research, study and the development of a pool of qualified professionals to provide leadership in serving persons with mental retardation.

As with any rational service system, the ideal system is designed consistent with certain philosophical principles. These principles shape the attitudes and actions of key actors in the system, including policy makers, program staff and parents. These principles are not, however, so specific as to prohibit implementation of different programs to meet diverse populations' needs.

1. The Developmental Model
   All human beings are capable of growth and learning, regardless of whatever physical or mental handicaps they may have, or how severe those handicaps may be. The major responsibility for achievement of such growth and learning rests on the shoulders of the servers rather than the served (Roos, McCann, and Patterson).

PHILOSOPHICAL BASE

- DEVELOPMENTAL MODEL
- PRINCIPLE OF NORMALIZATION
- RESPECT FOR EACH PERSON
- HUMAN AND LEGAL RIGHTS

2. Each Person Has Value
   Citizens with mental retardation should be afforded the same dignity and respect as all other human beings (Blatt).

3. The Normalization Principle
   Persons with mental retardation should have available to them the same conditions of life as are available to all other persons of the same age, taking into consideration cultural differences. This does not mean to make persons with handicaps "normal", or like everyone else. That would be regimentation. It does mean that differences which divide people can be diminished through appropriate learning opportunities, within normative environments. (Bank-Middelson, Nirge, Wolfensberger, Dybwad).

GOALS

The following long range goals are the standard against which the effectiveness of the service delivery system will be measured:

1. To obtain or provide services at the local level so that all persons with mental retardation can remain in or

return to their communities.

ACCESS

TO PERSONS WITH . . .

- **MENTAL RETARDATION**
- **DEVELOPMENTAL DELAYS**
- **AT RISK**
- **FAMILIES WITH MEMBERS WITH MENTAL RETARDATION.**

2. To obtain or provide an array of services which will meet the needs of persons with mental retardation throughout life.

3. To promote the development of services for persons with mental retardation through the use of resources and settings available to all citizens.

4. To increase the skills of persons with mental retardation so they may participate in and contribute to the community.

5. To support and assist families in meeting the needs of their family members with mental retardation.

6. To increase the public's understanding of the abilities and needs of persons with mental retardation and their families.

7. To provide staff with all resources necessary (within the constraints of funding availability) to fulfill their responsibilities.

8. To provide an administrative structure which is consistent with the goals and philosophy contained in this plan.

9. To provide for a systematic planning, evaluation, and resource development process consistent with the priorities of the regions.

10. To advocate for the rights and responsibilities of persons with mental retardation and their families.

The principles and goals dictate certain service characteristics. Services are integrated, not segregated; whenever possible, generic, not specialized; and provided in the least restrictive environment possible.

Individuals cannot be adequately served in isolation from their communities; others within that community provide role models of commonly accepted behaviors and activities. All services promote positive images of the individuals served by a conscious awareness of the persons' age and sex and the appropriateness of activities, attire, possessions, etc. to that age and sex.

Legal mandates establish regionally planned and provided services so that rarely do citizens with mental retardation have to leave their homes and communities, and then only temporarily, to get needed services.

Within the ideal system, services are available to all individuals regardless of their ability to pay. Recipients of services include individuals with mental retardation, with developmental delays, or at risk of delays, as well as families, care and service providers, and local communities. Age is not a eligibility factor; services begin with prenatal care and continue until death. All women of child bearing age are also eligible.

LEGAL MANDATE FOR SERVICES

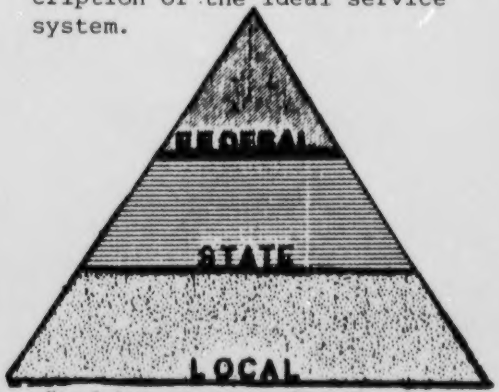
- REGIONALLY PLANNED,
- REGIONALLY PROVIDED,
- AVAILABLE IN THE PERSON'S HOME COMMUNITY.

ADMINISTRATIVE AUTHORITY

Within the ideal system, local mental retardation authorities have mandated responsibility for coordinating and monitoring services for persons with mental retardation in each region.* The mental retardation authorities set their own service priorities based on local need and meet their service objectives through selective application for federal and state funding. These funding sources are used to supplement locally raised funds, which may include a local tax.

The state agency distributes its funding to local mental retardation authorities based on the authorities' ability to implement given programs and the relationship of those programs to statewide service objectives. The state agency is responsible for monitoring the local authorities, initiating application for statewide funding, and coordinating a statewide data collection and statistical reporting system.

When describing the local mental retardation authority, a number of Citizen's Planning Council members believed the authority should have "empowered authority to coordinate services and to distribute fiscal resources, with the exception of funds distributed to the local school districts." The Council agreed with the need to coordinate services but could not agree on a definition for empowered authority and therefore did not include this concept in its description of the ideal service system.



---

*There is considerable support for adding a phrase to this sentence to read: "and has empowered authority to coordinate services and to distribute fiscal resources, with the exception of funds distributed to local school districts." The Council approves of the coordination of services, but could not reach agreement as to the definition of empowered authority.

SERVICE DELIVERY

In the ideal system, the final responsibility for linking clients to services rests with the local mental retardation authority. Referrals are accepted from any source but most typically come from parents, physicians, local service agencies, schools, specialized diagnostic centers, health departments, and vocational rehabilitation centers.

After the initial client contact with the local mental retardation authority, a case manager is assigned. An interdisciplinary team which may include educators, physicians, psychologists, social workers, and vocational specialists meets with the client and their family, as appropriate, to develop an individual program plan. Referrals are made to generic and specialized services as indicated in the program plan. The case manager monitors and evaluates the implementation of the program plan, assuring services promote the growth and development of the client.

Termination of services may occur through client request, competency achievement (verified by an assessment showing that the client is no longer in need of services), the client moving from the region, or client death. When a client moves from the region, the local authority coordinates and exchanges information with appropriate agencies in the new place of residence. The ideal system has uniform grievance procedures for clients who object to the termination of services.

PUBLIC ATTITUDES AND PERCEPTIONS

In the ideal system, the integration of persons with mental retardation into the mainstream of community life has eliminated fears and misperceptions that society generally held about these persons. The community has become aware that:

1. Persons with mental retardation have individual needs and abilities. Each person is an individual and cannot be categorized and identified by a single characteristic or disability.

2. Mental retardation is NOT a mental illness.

3. A person with mental retardation can share in normal community life with other citizens. Furthermore, such a life is necessary for optimal growth to occur, and is the individual's right. Community life is necessary for the dignity of a person to be protected.

4. Persons with mental retardation have feelings and emotional needs just like everyone else.

5. Individuals with mental retardation are not children in adult bodies. Age appropriate activities and possessions are stressed.

6. Normalization, as a basic principle in the delivery of services to persons with mental retardation, promotes better services more responsive to individual client needs.

7. Mental retardation is an educational and social issue, and that persons with mental retardation are best served in the community. Physicians

accept persons with mental retardation as their patients when medical treatment is needed.

STAFF

In the ideal system, persons with mental retardation are served by generic agencies rather than agencies specializing in mental retardation services. The staff in generic agencies should have a basic knowledge of mental retardation. They should have access to special equipment and consultants who can provide more information. The local mental retardation authority is the ideal resource for such assistance.

Staff for mental retardation programs and services must demonstrate competency based on appropriate criteria for their positions. Professional staff shall have at least a bachelor's degree in one of the human services or social services, in special education, or in another appropriate field, depending on the specific job.

Additionally, professional staff must have formal training in mental retardation programs, either at the university level or through professionally accredited training institutes. Areas of training include the nature and cause of mental retardation, prevention of mental retardation, normalization, behavior management, principles of learning theory, and basic principles of education.

Salaries are commensurate with education, training and experience and are competitive with other agencies.

Professional staff are required for positions of program supervision (whether residential, vocational, or other) and above.

All staff receive initial inservice training consisting of a basic background in mental retardation, normalization, and behavior management. All staff receive a minimum of twelve hours of other training each year, including workshops and conferences of an educational nature.

SERVICE QUALITY ASSURANCE

The primary responsibility for monitoring the quality of services delivered to persons with mental retardation in the ideal system rests with the local mental retardation authority. The rating/evaluation system is based on the principle of normalization and the developmental model. The local mental retardation authority, with input from consumers and parents, selects persons or agencies from outside the region with which to contract for the evaluations. Continuation funding for local agencies is contingent upon these evaluations based on preestablished performance standards.

The state agency monitors the contracts it holds with the local mental retardation authorities. The state also reviews programs through its licensing function.

The Protection and Advocacy Division in the Department of Justice monitors services on an individual basis as the result of specific client referral.

With the broad legal and service provision authority invested in the regional authority under the ideal system, an appeal process should be available to primary consumers (clients) and secondary consumers (parents, immediate relatives, and guardians). Procedural safeguards and due process procedures similar to those outlined in Public Law 94-142 (Education for Handicapped Children) are used by each region.

SERVICES

Ideally, the services provided to individuals with mental retardation and their families are designed to meet specific needs and limited only by the system's inability to conceptualize the appropriate service. Examples of some services, appropriate to certain age groups, include:

ALL AGES:
- Assessment
- Advocacy
- Case Management
- Counseling
- Information and Referral
- Legal Counseling
- Life Planning
- Lobbying (Legislative Issues)
- Medical & Dental Services
- Music Therapy
- Nutritional Consultation
- Occupational Therapy
- Physical Education/Fitness
- Physical Therapy
- Prosthetic Devices
- Residential Community Alternatives
- Speech/Language/Communication
- Transportation

PRESCHOOL CHILDREN:
- Babysitting Service
- Developmental Day Care (Integrated)
- Developmental Screening
- Early Intervention
- Educational Evaluation
- Foster Grandparents
- Head Start

SCHOOL AGE CHILDREN:
- Advocacy (e.g. Big Brother/Sister)
- Behavior Management
- Diagnosis & Evaluation
- Education
- Foster Grandparent Program
- Individual Planning & Service Coordination
- Leisure/Recreation
- Medical, Dental, Audiological, etc.
- Prevocation and Vocational Training
- Sex Education
- Vocational Placement
- Work Study

ADULT:
- Adult Developmental Services
- Adult Education
- Adult Protective Services
- Financial Alternatives
- Financial Counseling
- Home Training
- Genetic Counseling
- Vocational Training/Job Placement
- Leisure Services/Recreation

FAMILY SERVICES:
- Baby Sitting
- Counseling
- Family Subsidies
- Financial Alternatives
- Financial Counseling
- Genetic Counseling
- Home Training
- Information and Referral
- In-home Support Services
- Legal Services
- Life Planning
- Nutritional Counseling
- Resource Library
- Transportation

COMMUNITY SERVICES:
- Fund Raising
- Information and Referral
- Public Information

SERVICE CONTINUITY

INQUIRY AND REFERRAL SERVICES

↘

INTERDISCIPLINARY STAFFING FOR INDIVIDUAL

↘

CASE MANAGER IS ASSIGNED TO INDIVIDUAL

↘

INDIVIDUAL PROGRAM PLAN DEVELOPED BY TEAM

↘

SERVICES ARE OBTAINED TO MEET INDIVIDUAL'S NEEDS

↘

PROGRESS IS MONITORED AND PLAN REVISED

↘

TERMINATION FROM SERVICE SYSTEM

THE CURRENT SYSTEM

4

118

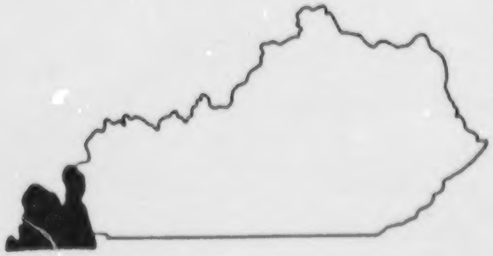
119

REGION I - WESTERN KENTUCKY

Kent Hall is one of the most enterprising and best known people in Mayfield, where he lives with his mother, a brother and a nephew. He mows and rakes 25 lawns, collects and delivers old newspapers for recycling at the J.U. Kevil Memorial Foundation and works in the Kevil Center workshop.

Hall has gained a lot more from his jobs than merely the money he makes. He relates better to other people, he gets around town on his own, and he learns the value of money by buying fuel for his mower and paying for repairs

When Kent was 5, some people suggested that his mother should send him away to a special school. Preferring to keep him at home with the family, she began looking for alternatives instead. Mrs. Hall joined with other concerned parents to found the Crippled Children's Center (later the Easter Seals Center) and to raise money with dances and bake sales.



120

121

At 9, Kent entered a public school class taught by a family friend, where he seemed to make little progress. When he had to drop out for a few weeks because of illness his mother did not send him back. By the time he reached his teens he had become harder to manage, and Mrs. Hall had to go back to work to support herself and four children. When her employer offered to pay Kent's tuition to a private institution, this seemed to be the only choice since there were no community services available.

Kent stayed in this facility until he was moved to Outwood at 19. Since his return home 9 years ago, at the age of 28, Mr. Hall has been busy. He runs his lawn-care business, operates a saw and serves as a "supplier" on the assembly line at the Kevil Center, and attends every service held at his church.

Although a slight hearing problem causes him to talk too fast, he no longer minds being asked to repeat things and he understands and responds to everything that goes on. His mother is very pleased to have him home again.

DESCRIPTION

HISTORY

In January, 1966, the local mental health association, in consultation with the Kentucky Department of Mental Health, established the Western Kentucky Regional MH/MR Board to provide services to the nine Jackson Purchase counties.

Through the generosity of philanthropist J.U. Kevil, who left his estate to benefit the Mayfield-Graves County area, the Kevil Memorial Foundation used half his fortune to develop a comprehensive mental health-mental retardation center (completed in 1968) and an opportunity workshop (completed in 1972) in Mayfield.

The Mayfield-Graves County ARC organized in 1963, had 100 children evaluated in January, 1964, and opened the second day care class to be licensed in Kentucky two months later. The class for six preschool children had one paid teacher and 50 volunteers.

Two EMR (educable mentally retarded) classes, started jointly by the Mayfield Independent and Graves County Schools Boards, opened in 1964 and 1965 in city school facilities. The ARC started a TMR (trainable mentally retarded) class the next year in a church with a teacher paid by the county school system.

The Western Kentucky Easter Seal Center for Crippled Children and Adults, an outgrowth of the McCracken County Cerebral Palsy Center, added a workshop program in 1975. The Center is supported by the Charity League of Paducah, service fees, government grants, contributions, bequests, and the Easter Seal Society.

McCracken County Parents, Friends and Families of the Handicapped began an affiliate of KARC, in 1979. Carlisle County Handicapped Citizens, another affiliate, was formed in 1980 primarily to transport residents to the Kevil Center. Through parental efforts, the Marshall County School for Exceptional Children began in a church building in 1964, and moved into its own building (a former church) in 1968. With broad community support, the school progressed and moved into a large, former building in 1976.

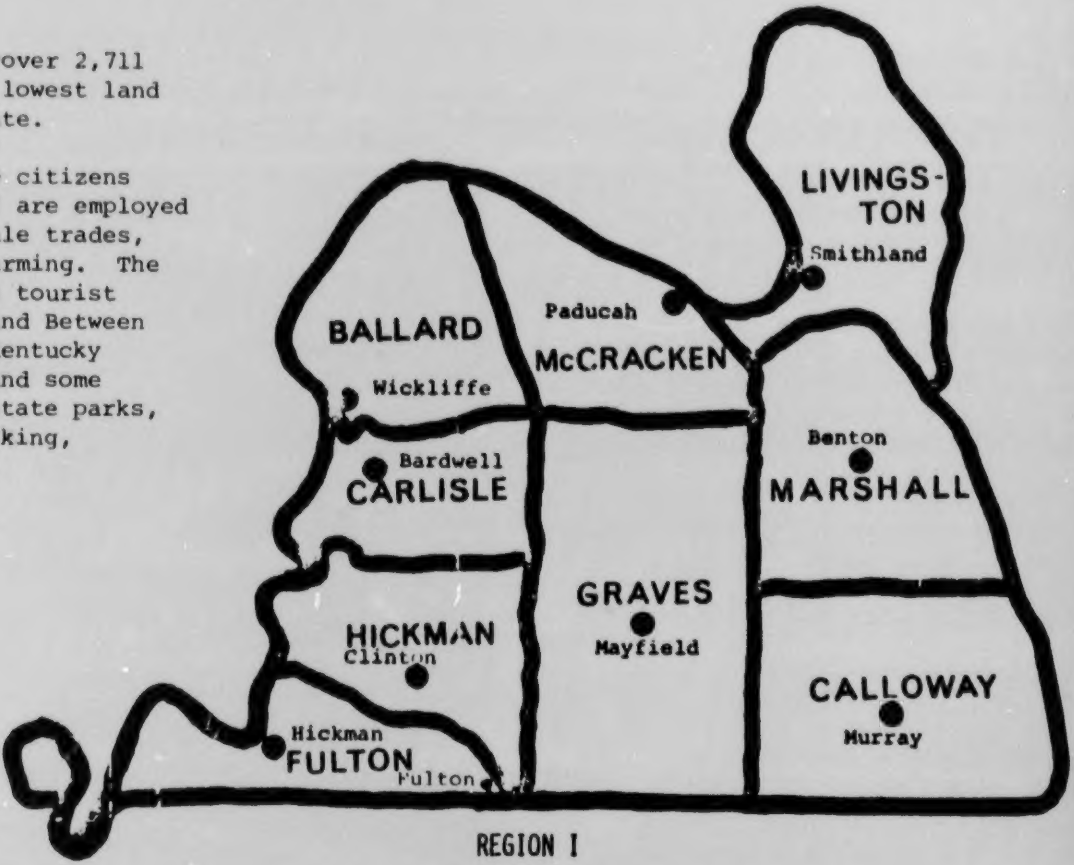
The Calloway ARC was formed in 1960, and started a class called "The School of New Hope." By 1963, the ARC had successfully incorporated an educable and a trainable class into the Murray County school system. Revitalized in 1968, and supported by church, civic and school groups, the Calloway ARC started an adult training program in 1975.

SOCIO-ECONOMIC

The Jackson Purchase, located in extreme western Kentucky, includes Ballard, Carlisle, Calloway, Fulton, Graves, Hickman, Marshall and McCracken Counties. Because of its proximity to the Purchase, Livingston County is also included in Region I.

The Region's unique location--bordered on the south of Tennessee, on the east by the Tennessee River (Kentucky Lake), on the north by the Ohio River and on the west by Mississippi--was primarily responsible for the early development of a regional consciousness. Region I's low rolling plains cover 2,711 square miles at the lowest land elevation in the state.

Most of the 91,600 citizens who work in Region I are employed in retail or wholesale trades, manufacturing and farming. The area is proud of its tourist attractions: The Land Between the Lakes features Kentucky Lake, Barkley Lake and some exceptionally fine state parks, fishing, hunting, hiking, camping and boating.

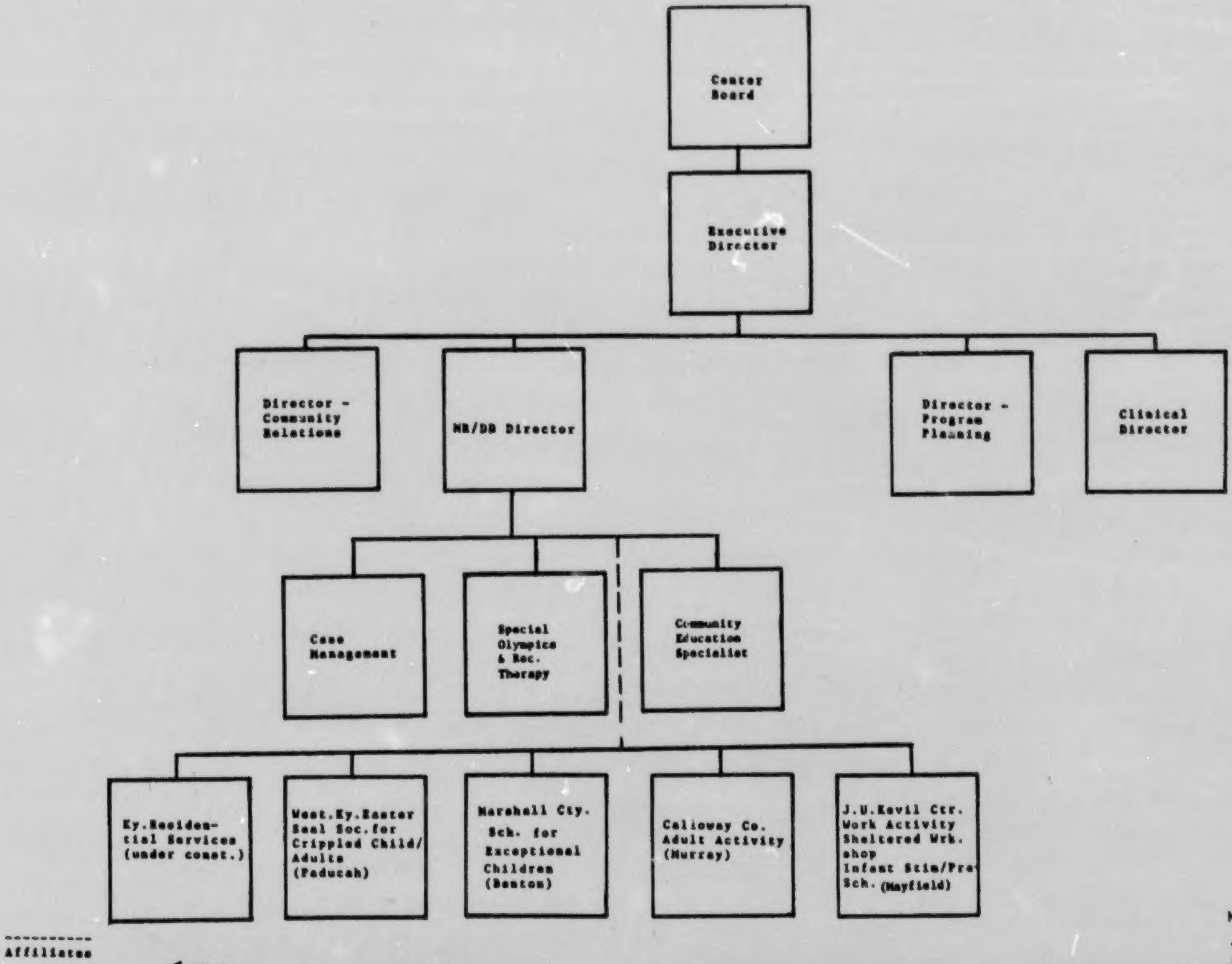

LIVINGSTON
Smithland
Paducah
BALLARD
McCRACKEN
Wickliffe
Benton
Bardwell
CARLISLE
MARSHALL
GRAVES
Mayfield
HICKMAN
Clinton
CALLOWAY
Murray
Hickman
FULTON
Fulton

REGION I

WESTERN KENTUCKY

BEST COPY AVAILABLE

STRUCTURE

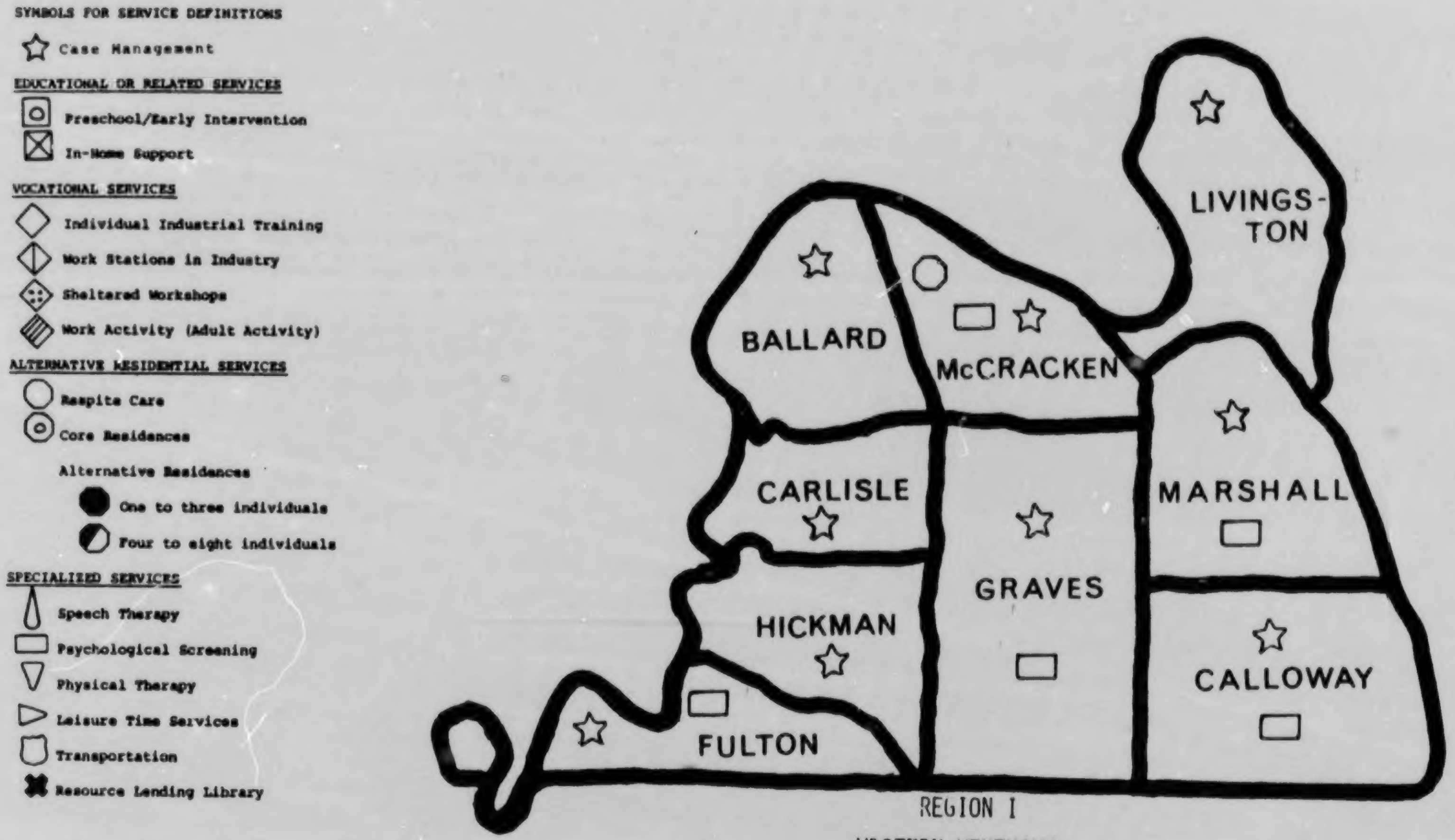

Center Board
Executive Director
Director - Community Relations
MR/DD Director
Director - Program Planning
Clinical Director
Case Management
Special Olympics & Rec. Therapy
Community Education Specialist
Ky.Residential Services (under const.)
West.Ky.Easter Seal Soc.for Crippled Child/Adults (Paducah)
Marshall Cty. Sch. for Exceptional Children (Benton)
Calloway Co. Adult Activity (Murray)
J.U.Kevil Ctr. Work Activity Sheltered Wrk. shop Infant Stim/Pre Sch. (Mayfield)

Affiliates

May, 1981

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

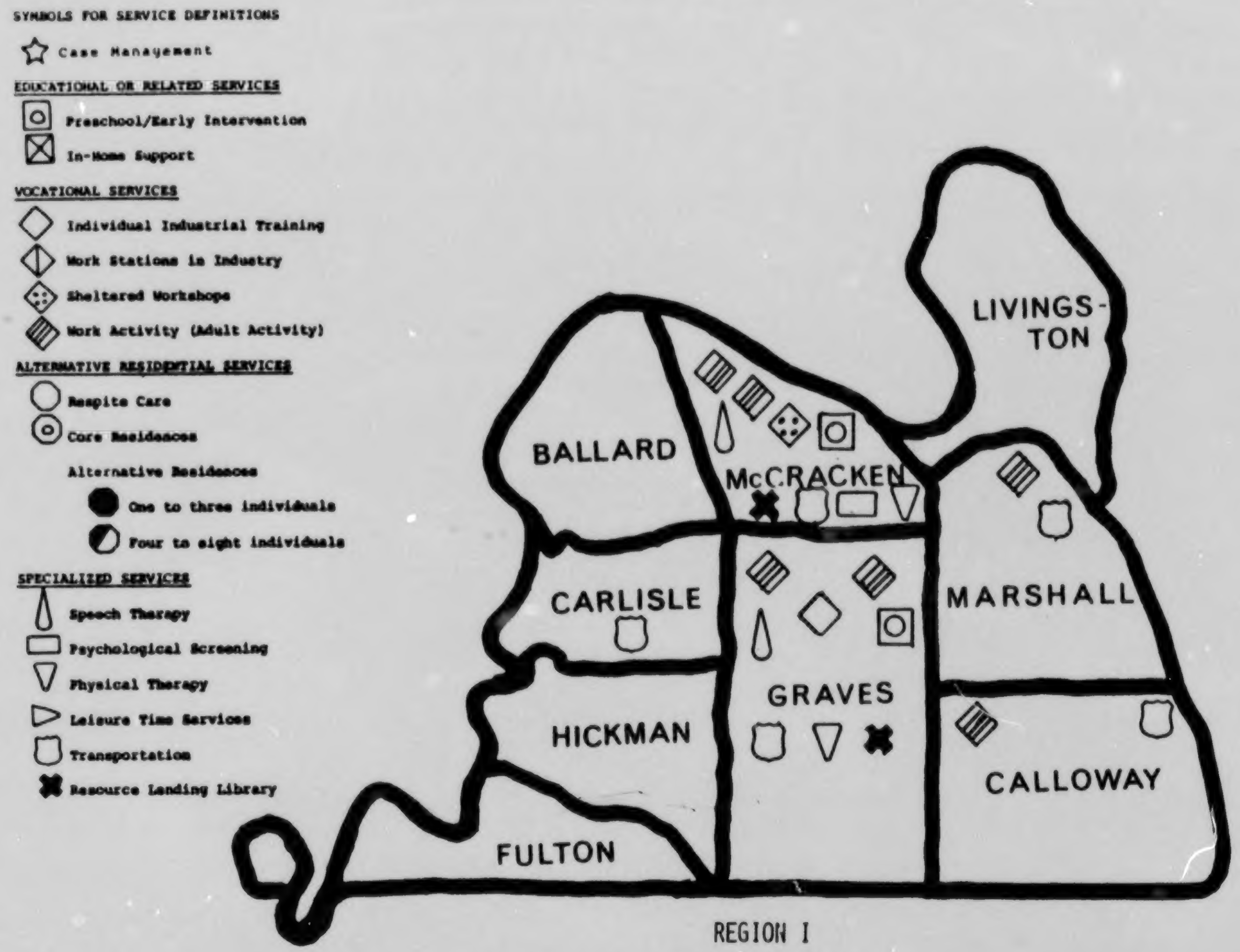

SYMBOLS FOR SERVICE DEFINITIONS
☆ Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
☒ In-Home Support
VOCATIONAL SERVICES
◇ Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
○ Respite Care
Core Residences
Alternative Residences
● One to three individuals
Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
Transportation
✖ Resource Lending Library
LIVINGS-TON
BALLARD
McCRACKEN
CARLISLE
MARSHALL
GRAVES
HICKMAN
CALLOWAY
FULTON

REGION I
WESTERN KENTUCKY

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	72
Fulton/Fulton Co. MH/MR Service Office	Fulton/Fulton	Psychological Screening	▭	17
Mayfield/Graves Co. MH/MR Service Office	Mayfield/Graves	Psychological Screening	▭	78
Murray/Calloway Co. MH/MR Service Office	Murray/Calloway	Psychological Screening	▭	15
Benton/Marshall Co. MH/MR Service Office	Benton/Marshall	Psychological Screening	▭	18
Paducah/McCracken Co. MH/MR Service Office	Paducah/McCracken	Psychological Screening	▭	79
Private Provider	Paducah/McCracken	Respite	○	1

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION


SYMBOLS FOR SERVICE DEFINITIONS
Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
In-Home Support
VOCATIONAL SERVICES
Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
Respite Care
Core Residences
Alternative Residences
One to three individuals
Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
Psychological Screening
Physical Therapy
Leisure Time Services
Transportation
Resource Lending Library
LIVINGS-TON
BALLARD
McCRACKEN
CARLISLE
MARSHALL
GRAVES
HICKMAN
CALLOWAY
FULTON

REGION I

WESTERN KENTUCKY

BEST COPY AVAILA

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Speech-Language Therapy	💧	156
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Physical Therapy	▽	51
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Psychological Screening	▭	65
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Transportation**	⛉	79
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Resource Lending Library	✖	10
Carlisle Co. Senior Citizens	Bardwell/Carlisle	Transportation*	⛉	9

* Also Transports from Carlisle to Graves

** Also Transports from Ballard County and Marshall County to McCracken County

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Murray-Calloway County Adult Activity Program	Murray/Calloway	Adult Activity	◈	10
Murray-Calloway County Adult Activity Program	Murray/Calloway	Transportation	⛉	10
Marshall County Special School for Retarded Children	Benton/Marshall	Adult Activity	◈	20
Marshall County Special School for Retarded Children	Benton/Marshall	Transportation	⛉	20
J.U. Kevil Center	Mayfield/Graves	Adult Activity	◈	12
J.U. Kevil Center	Mayfield/Graves	Work Activity	◈	35
J.U. Kevil Center	Mayfield/Graves	Sheltered Workshop	⁘	75
J.U. Kevil Center	Mayfield/Graves	Preschool/Early Intervention	▣	18
J.U. Kevil Center	Mayfield/Graves	Speech Therapy	△	30
J.U. Kevil Center	Mayfield/Graves	Physical Therapy	▽	15
J.U. Kevil Center	Mayfield/Graves	Transportation *	⛉	115
J.U. Kevil Center	Mayfield/Graves	Resource Lending Library	✖	10
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Developmental Training	◈	11
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Work Activities	◈	25
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Sheltered Workshop	⁘	44
West Kentucky Easter Seal Center for Crippled Children and Adults	Paducah/McCracken	Preschool/Early Intervention	▣	87

02-22-81

Public forum is on mental retardation

A community forum to gather information for a plan on mental retardation services is scheduled here Thursday night.

Open to anyone, the forum will be from 7 to 9 o'clock iin the City Commission chamber on the second floor of city hall. The Western Kentucky Regional Mental Health-Mental Retardation Board, Inc., is the sponsor, in conjunction with its advisory council on mental retardation services.

A board spokesman said information gathered will be used to help develop a regional plan on services and needs. The plan is to be completed by June 30, and it will then be used to help formulate a three-year state plan. The board, headquartered here, serves nine counties.

A second public meeting is scheduled for 2 p.m. Sunday, March 8, a the J.U. Kevil Center in Mayfield.

PADUCAH - SUN

OPEN FORUM — Robert East, right, of the Western Kentucky Regional Mental Health-Mental Retardation Board Inc., and Wayne Chester, left, a representative of the state, are shown with J.U. Kevil Center Executive Director Larry Knight following an open forum Sunday afternoon at the center. The forum was held to give local citizens the opportunity to give input into the planning process for a three-year mental retardation services plan.

BEST COPY AVAILABLE

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

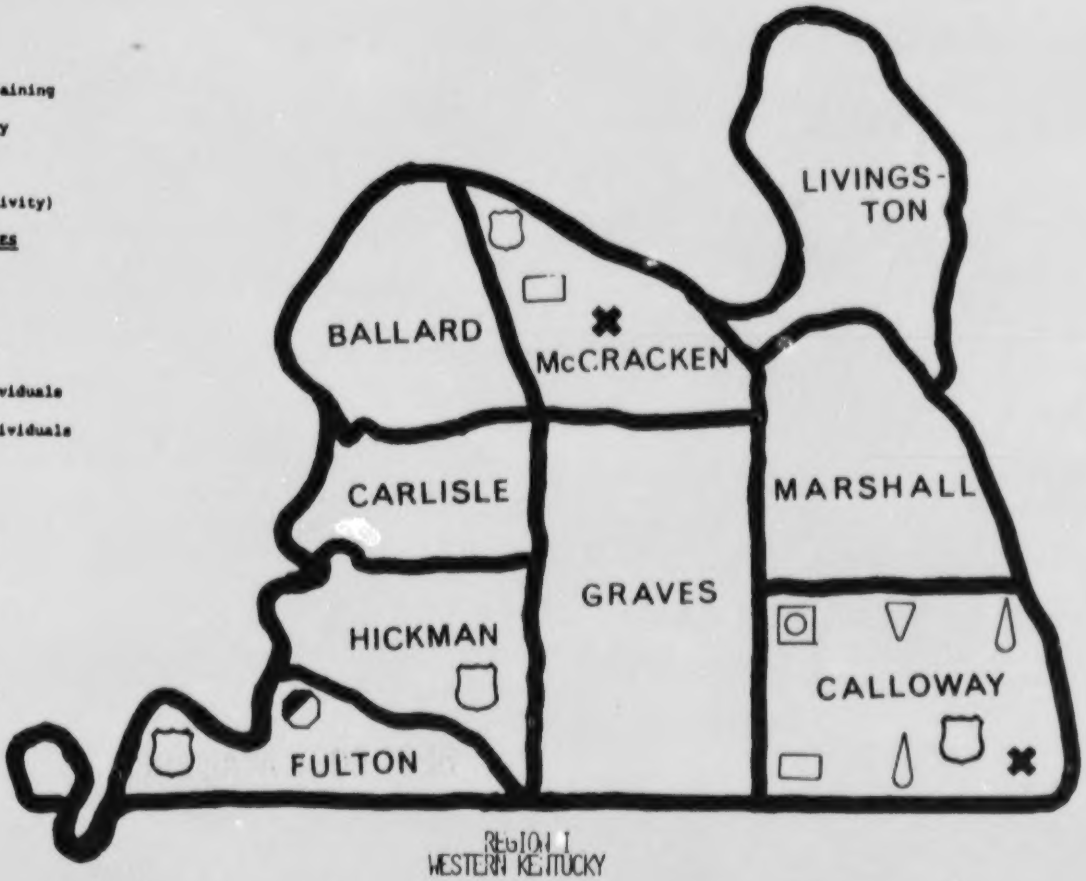
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

🛡 Transportation

✖ Resource Lending Library


LIVINGS-
TON
BALLARD
McCRACKEN
CARLISLE
MARSHALL
GRAVES
HICKMAN
CALLOWAY
FULTON

REGION I
WESTERN KENTUCKY

136

137

MENTAL RETARDATION SERVICES OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Paducah Transit Authority	Paducah/McCrackin	Transportation	🛡	4-5
Pre-School/Early Intervention Prog.	Murray/Calloway	Preschool	▣	12-15
Pre-School/Early Intervention Prog.	Murray/Calloway	Speech-Language Therapy	💧	
Pre-School/Early Intervention Prog.	Murray/Calloway	Physical Therapy	▽	
Pre-School/Early Intervention Prog.	Murray/Calloway	Psychological Screening	▭	
West Kentucky Diagnostic Center	Murray/Calloway	Comprehensive Diagnostic Service	▭	100
Murray State University Resource Library	Murray/Calloway	Lending Library	✖	
Paducah Community Resource Lending Library	Paducah/McCracken	Lending Library	✖	
Dixie G. Hopkins	Murray/Calloway	Speech	💧	110
Kelley's Psychiatric Clinic	Lone Oak/McCracken	Psychological Screening	▭	400
Private Residence	Fulton/Fulton	Residential	◐	6
Mississippi River Opportunity Council Inc.	Fulton/Fulton	Transportation (Fulton-J.U.Kevil)	🛡	6-12
Hickman Co. School System	Clinton/Hickman	Transportation (Hickman-J.U. Kevil)	🛡	10-14
Murray/Calloway Transit System	Murray/Calloway	Transportation (Calloway-Graves Co.	🛡	1

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ◙ Pre-school

HEALTH SERVICES

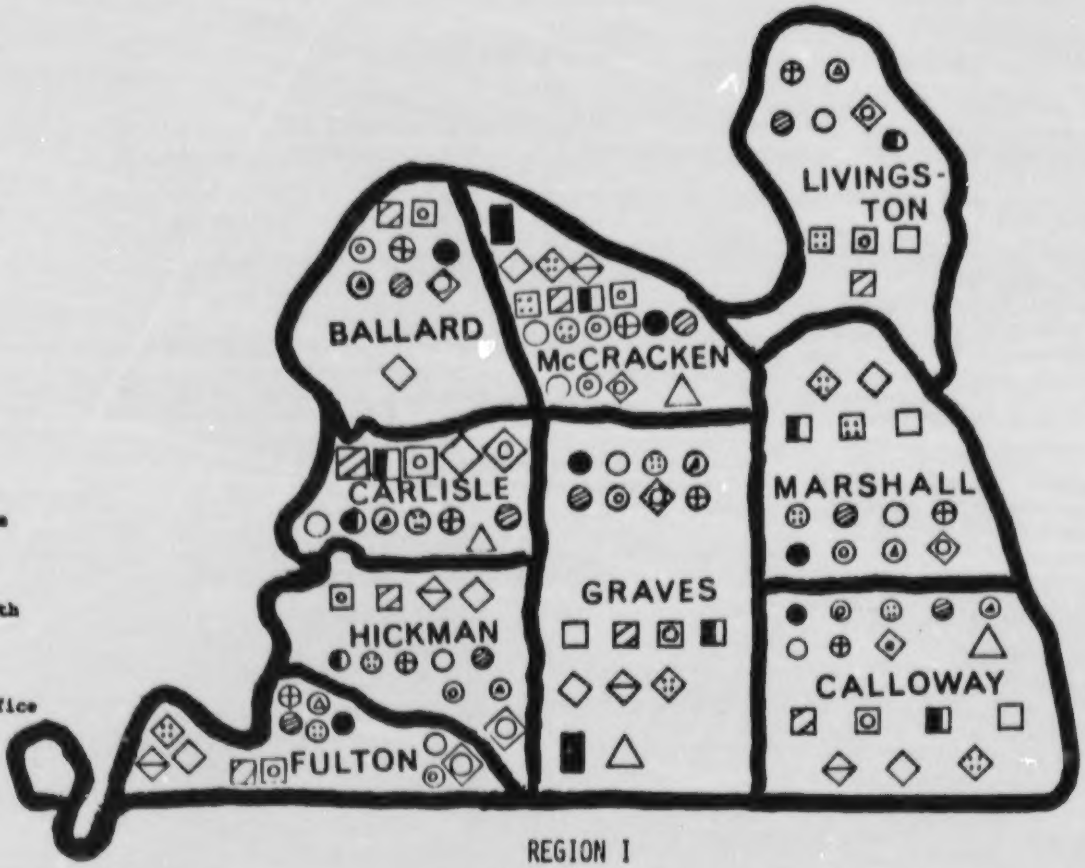
- ○ Hospital
- ⊙ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ◍ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ◇ CETA Office
- ◇ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


LIVINGSTON
BALLARD
McCRACKEN
CARLISLE
MARSHALL
GRAVES
HICKMAN
CALLOWAY
FULTON

REGION I

WESTERN KENTUCKY

COMMUNITY RESOURCE COUNTY	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Ballard			1					3	1		1	1	1	1		1							
Calloway	1		2			1	1	33	16		1	1	1	1		1	1	1		1			
Carlisle			1	1			1	4		1		1	1	1		1				1			
Fulton			2	2		2	1	8	3		1	2	1	1		1	1	1					
Graves	1		2	2		1	1	24	11		1	1	1	1	1	1	1	1		1			
Hickman			1			1	1	2	2	1		1	1	1		1		1					
Livingston			1			1			1	1		1	1			1	1						
McCracken		1	2	6		2	1	120	32		1	1	1	1	1	1	1	1		1			
Marshall	1		1	1		1	1	12	6		1	1	1	1		1	1	1					

REGION II - PENNYROYAL

Shelby Green likes to shop, bowl, try out new hairdos, babysit and take care of her appearance by watching her weight. For Shelby, 23, these are all new interests, acquired only during the past two years, since she's been living with her sister's family in Morton's Gap (Hopkins County).

Her growing-up years, from 12 to 21, were spent at Outwood. Former Outwood program director, Brank McKinsey, who now runs the day program Ms. Green attends, remembers: "Shelby would stand in a corner at Outwood and not say anything to anybody. She wouldn't even look at you. Since she's been in our program she has grown by leaps and bounds."

Shelby and 14 other young men and women are taught self-help and academic skills daily at the center, which is operated by the Pennyroyal Mental Health/ Mental Retardation Board. Her instructors consider her progress amazing. In only 2 years, she has learned to load the dishwasher, do laundry, set a table properly, cook for herself and

handle a number of other homemaking skills. She has also learned to use a calendar, tell time, answer the phone, make change, and sign her name and address envelopes in cursive writing. She likes home demonstration parties, and goes to church regularly.

Perhaps her most important accomplishment is a growing compassion and deep concern for other people. "When someone here is sick," McKinsey says, "Shelby will go out with her own money, select and buy a card and bring it in. Nobody suggests it. It's just something she wants to do." The great changes which have taken place in her life may largely account for her improved outlook on life. She lives with her sister and brother-in-law where she helps with the laundry, cooking and housework and likes to take care of their two small children. As part of the family she shares some social activities and receives a lot of support from them. When they finish building their new house on a farm they recently bought, Ms. Green will have her own private trailor home right next door.

"We've watched Shelby open up and bloom like a flower," McKinsey says, "We look forward to see what she conquers next."

DESCRIPTION

HISTORY

The Pennyroyal Regional Mental Health-Mental Retardation Board was incorporated in 1966 by a group of citizens representing the five counties of Christian, Caldwell, Trigg, Todd, and Lyon. It operated as a five-county region until July 1, 1970, when three other counties, Hopkins, Muhlenberg, and Crittenden, were added to the Pennyroyal Region.

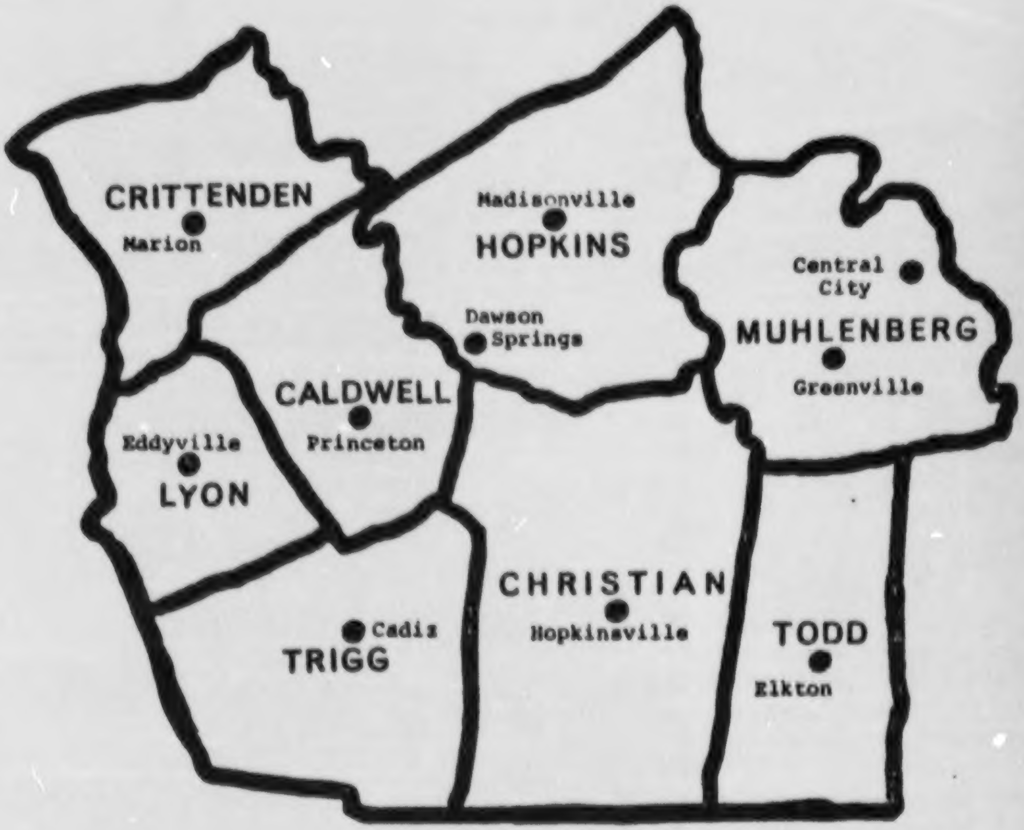
The two regional facilities--Western State Hospital and Excepticon - Outwood Campus--are both located in Christian County. Local Associations for Retarded Citizens were active only in Caldwell and Muhlenberg Counties in the 1960's, and adult workshop programs were established in each of those counties in 1968. The Caldwell County ARC also helped to establish a preschool program, which was later absorbed into the school system. Trigg County had an active ARC which operated a preschool program. With help from the Pennyroyal MH/MR Center, Christian and Todd Counties later developed ARC's. Today, there is an ARC in Crittenden County and a small group in Hopkins County. An earlier Christian County ARC, with the Civitan Club, helped to start the Phelps Avenue School which was eventually absorbed into the school system.

When the Pennyroyal MH/MR Center opened, only the Trigg and Caldwell County ARC's were operating preschool programs, and Hopkinsville operated a small program in a church. The Center established the preschool programs now operating in Christian, Muhlenberg and Caldwell Counties, adult training and work activity programs in Hopkins and Christian Counties, and a sheltered workshop program in Christian County.

SOCIO-ECONOMIC

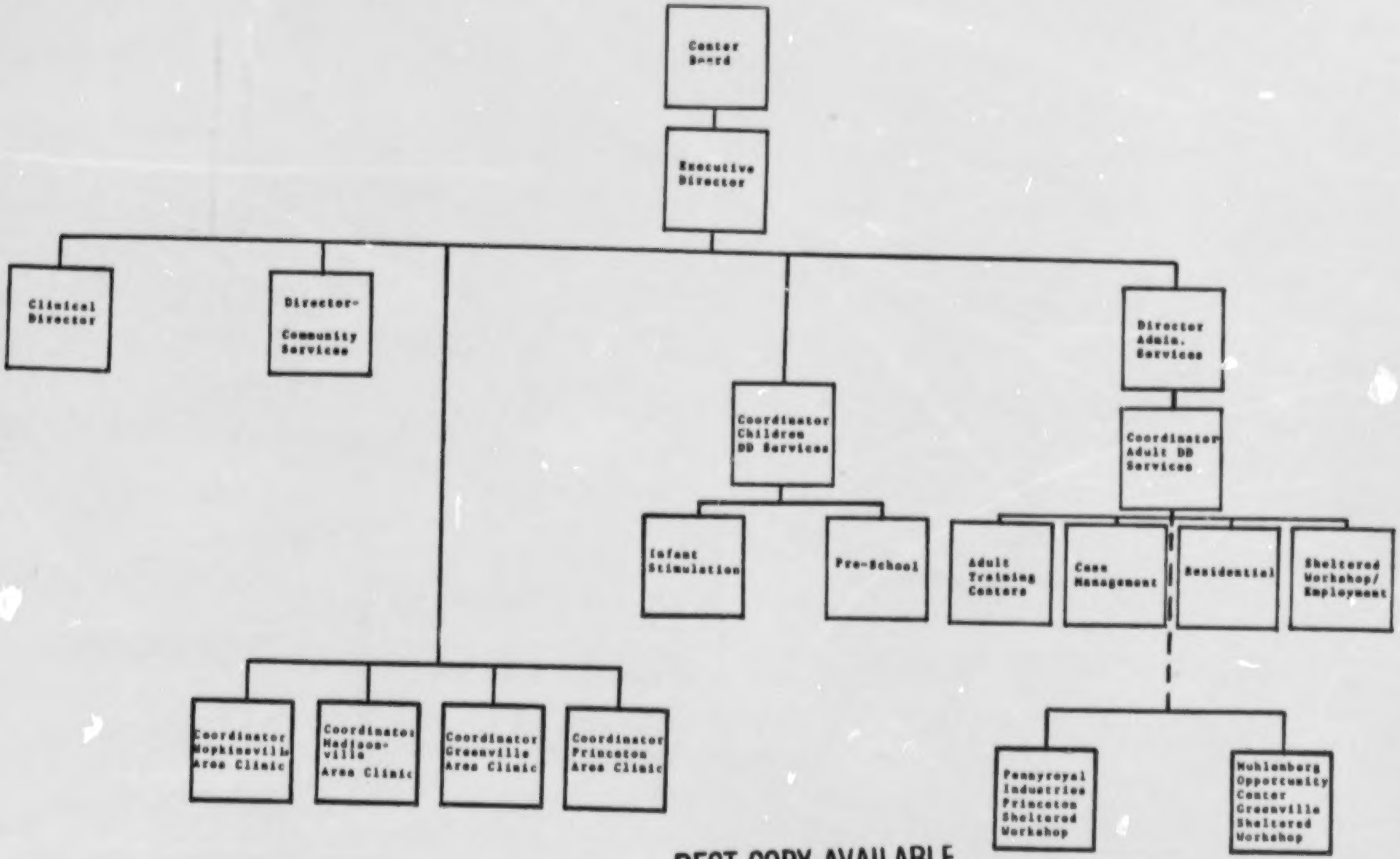
The Pennyroyal Region is an eight-county region covering 3,481 square miles, in which the two northeastern counties, Hopkins and Muhlenberg, have large coal mining industries. The other counties are essentially agricultural, with light industry that has increased gradually over the past several decades. The population is 195,300.

The Pennyroyal Region is bounded on the south by the Tennessee state line, and Fort Campbell military base is located partly in the southern area of this Region and partly in Tennessee. It is bounded on the west by the Land Between the Lakes area, which includes Lake Barkley and Kentucky Lake, and is an active tourist area.


CRITTENDEN
Marion
Madisonville
HOPKINS
Dawson Springs
Central City
MUHLENBERG
Greenville
CALDWELL
Princeton
Eddyville
LYON
CHRISTIAN
Hopkinsville
Cadiz
TRIGG
TODD
Elkton

REGION II
PENNYROYAL

STRUCTURE

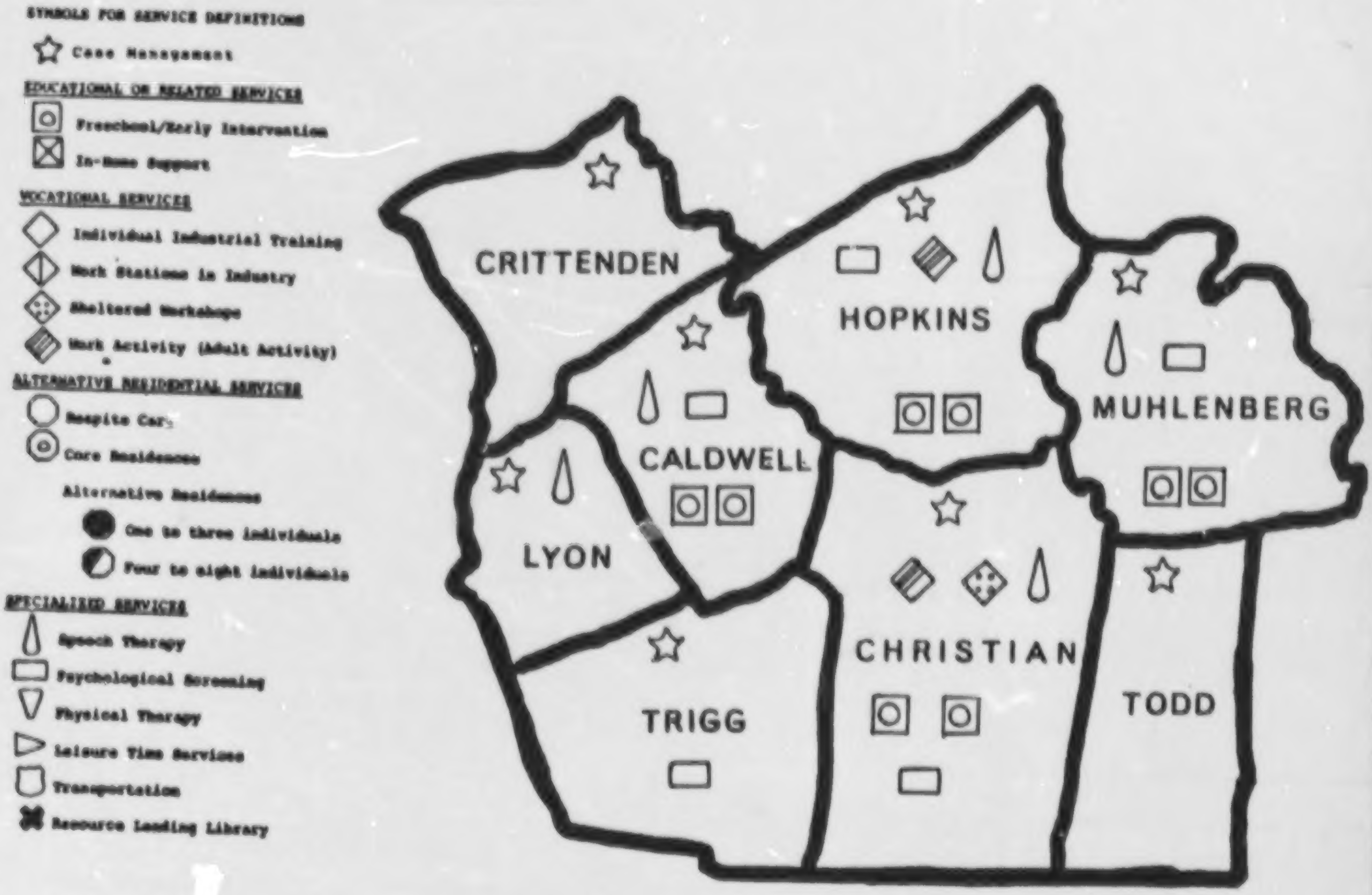


- Center Board
  - Executive Director
    - Clinical Director
    - Director-Community Services
    - Coordinator Hopkinsville Area Clinic
    - Coordinator Madisonville Area Clinic
    - Coordinator Greenville Area Clinic
    - Coordinator Princeton Area Clinic
    - Coordinator Children DD Services
      - Infant Stimulation
      - Pre-School
    - Director Admin. Services
      - Coordinator Adult DD Services
        - Adult Training Centers
        - Case Management
        - Residential
        - Sheltered Workshop/Employment
          - Pennyroyal Industries Princeton Sheltered Workshop
          - Muhlenberg Opportunity Center Greenville Sheltered Workshop

---------- Affiliates

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION


SYMBOLS FOR SERVICE DEFINITIONS
☆ Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
☒ In-Home Support
VOCATIONAL SERVICES
◇ Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
Respite Care
Core Residences
Alternative Residences
● One to three individuals
Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
Transportation
✖ Resource Lending Library
CRITTENDEN
HOPKINS
MUHLENBERG
CALDWELL
LYON
CHRISTIAN
TRIGG
TODD

REGION II

PENNYROYAL

BEST COPY AVAILABLE

MENTAL RETARDATION PROGRAMS OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Infant Stimulation	Greenville/Muhlenberg	Early Intervention	⧇	7
Progress Center	Greenville/Muhlenberg	Preschool	⧇	10
Infant Stimulation	Madisonville/Hopkins	Early Intervention	⧇	13
Progress Center	Madisonville/Hopkins	Preschool	⧇	20
Infant Stimulation	Princeton/Caldwell	Early Intervention	⧇	4
Progress Center	Princeton/Caldwell	Preschool	⧇	12
Infant Stimulation	Hopkinsville/Christian	Early Intervention	⧇	12
Progress Center	Hopkinsville/Christian	Preschool	⧇	19
Trace Industries	Hopkinsville/Christian	Work Activity	▨	17
Trace Industries	Hopkinsville/Christian	Sheltered Employment	⁙	7
Trace Industries	Madisonville/Hopkins	Work Activity	▨	15
Psychological Screening	Cadiz/Trigg	Psychological Screening	▭	
Psychological Screening	Hopkinsville/Christian	Psychological Screening	▭	
Psychological Screening	Princeton/Caldwell	Psychological Screening	▭	
Psychological Screening	Madisonville/Hopkins	Psychological Screening	▭	
Psychological Screening	Greenville/Muhlenberg	Psychological Screening	▭	
Speech Therapy	Eddyville/Lyon	Speech Therapy	💧	
Speech Therapy	Greenville/Muhlenberg	Speech Therapy	💧	
Speech Therapy	Madisonville/Hopkins	Speech Therapy	💧	
Speech Therapy	Hopkinsville/Christian	Speech Therapy	💧	
Speech Therapy	Princeton/Caldwell	Speech Therapy	💧	

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Pennyroyal Industries	Princeton/Caldwell	Work Activities	▨	28
Pennyroyal Industries	Princeton/Caldwell	Sheltered Work	⟡	6
Muhlenberg County Opportunity	Greenville/Muhlenberg	Work Activities	▨	51
Muhlenberg County Opportunity	Greenville/Muhlenberg	Sheltered Work	⟡	24

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

- ▣ Preschool/Early Intervention
- ☒ In-Home Support

VOCATIONAL SERVICES

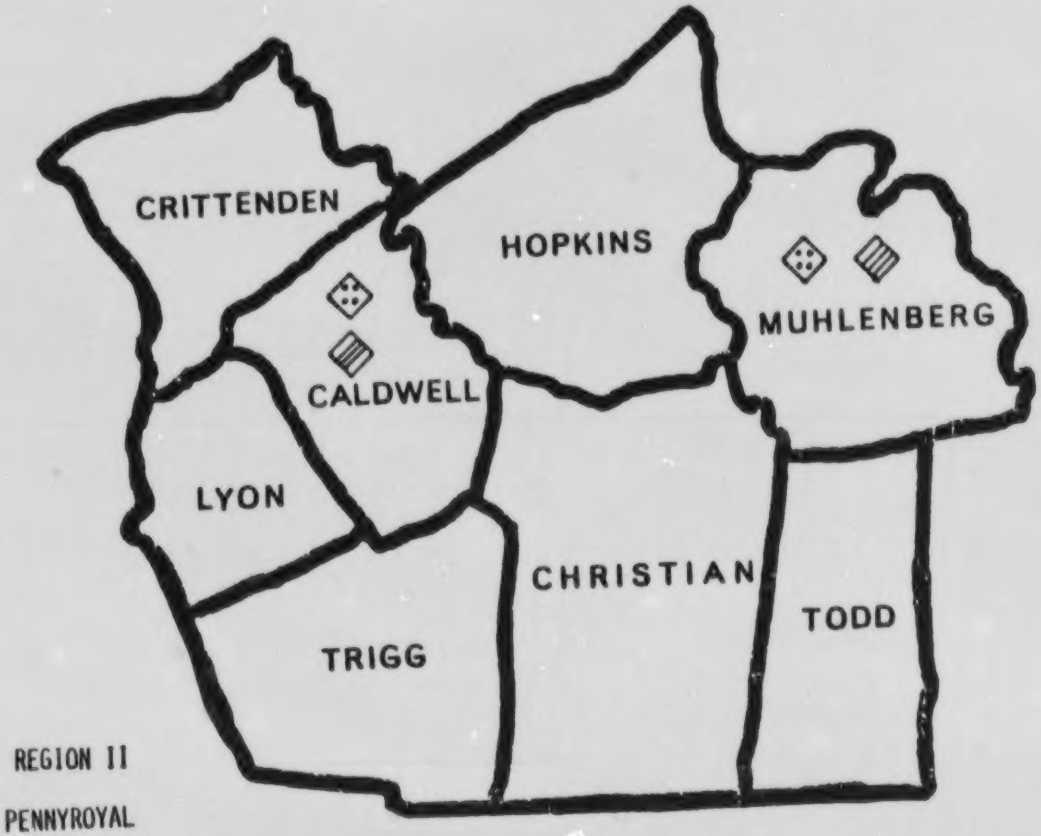
- ◇ Individual Industrial Training
- ◈ Work Stations in Industry
- ⟡ Sheltered Workshops
- ▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

- ○ Respite Care
- ◎ Core Residences
- Alternative Residences
  - ● One to three individuals
  - ◐ Four to eight individuals

SPECIALIZED SERVICES

- △ Speech Therapy
- ▭ Psychological Screening
- ▽ Physical Therapy
- ▷ Leisure Time Services
- ▢ Transportation
- ✖ Resource Lending Library



REGION II

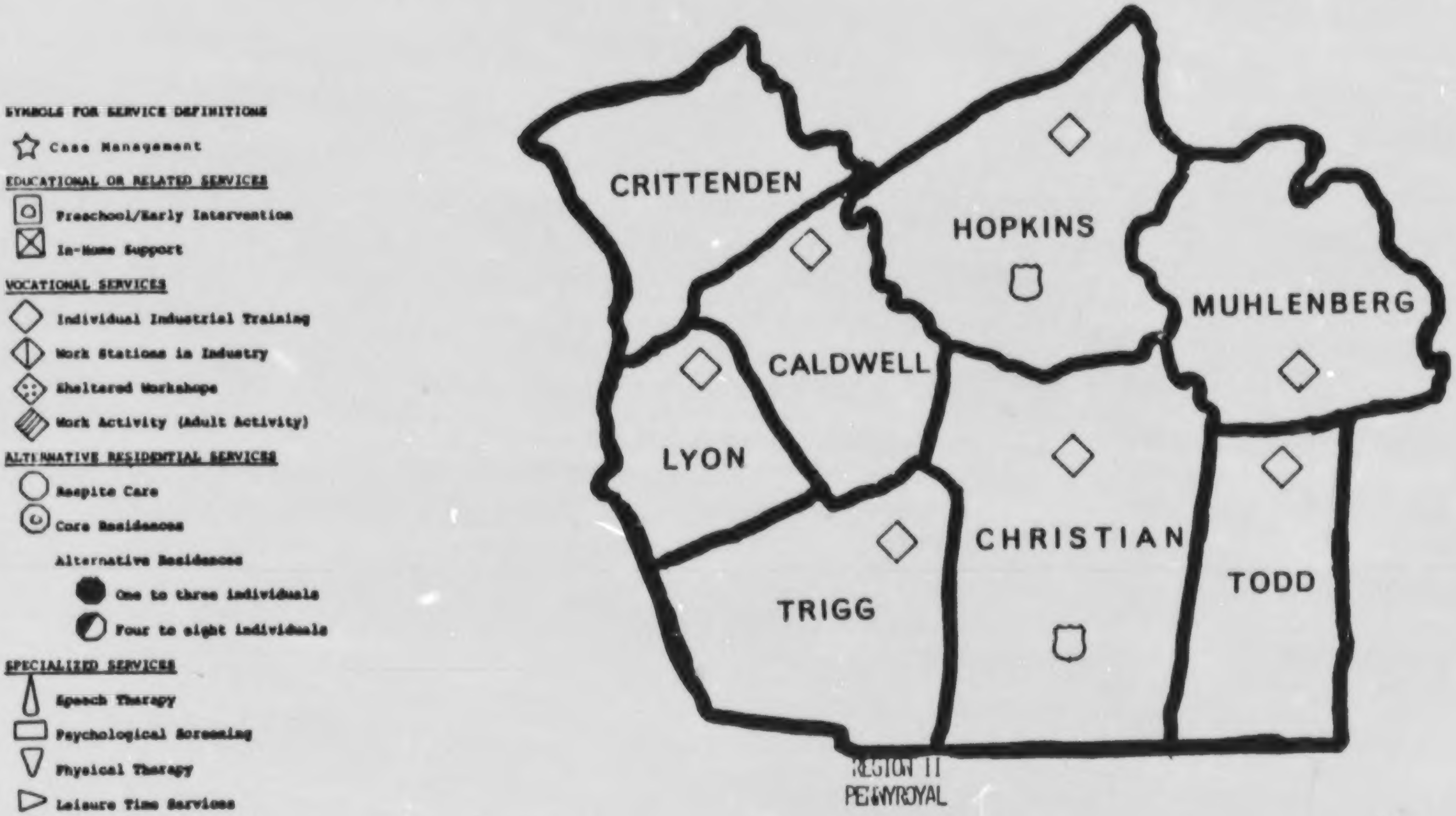
PENNYROYAL

PENNYROYAL SERVES CHILDREN
AND ADULTS WITH MENTAL
RETARDATION

153

154

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY


SYMBOLS FOR SERVICE DEFINITIONS
☆ Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
☒ In-Home Support
VOCATIONAL SERVICES
◇ Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
○ Respite Care
Core Residences
Alternative Residences
● One to three individuals
◐ Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
Transportation
Resource Lending Library
CRITTENDEN
HOPKINS
MUHLENBERG
CALDWELL
LYON
CHRISTIAN
TODD
TRIGG
REGION II
PENNYROYAL

BEST COPY AVAILABLE

MENTAL RETARDATION SERVICES OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Vocational Rehab.	Madisonville/Hopkins	Vocational	◇	6
Vocational Rehab.	Eddyville/Lyon	Vocational	◇	11
Vocational Rehab.	Princeton/Caldwell	Vocational	◇	6
Vocational Rehab.	Hopkinsville/Christian	Vocational	◇	7
Vocational Rehab.	Cadiz/Trigg	Vocational	◇	9
Vocational Rehab.	Greenville/Muhlenberg	Vocational	◇	13
Vocational Rehab.	Elkton/Todd	Vocational		11
PACS	Madisonville/Hopkins	Transportation	⛉	12
PACS	Hopkinsville/Christian	Transportation	⛉	20

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⚃ Community College
- ▧ Public School Dist.
- ◧ Private School
- ⊡ Pre-school

HEALTH SERVICES

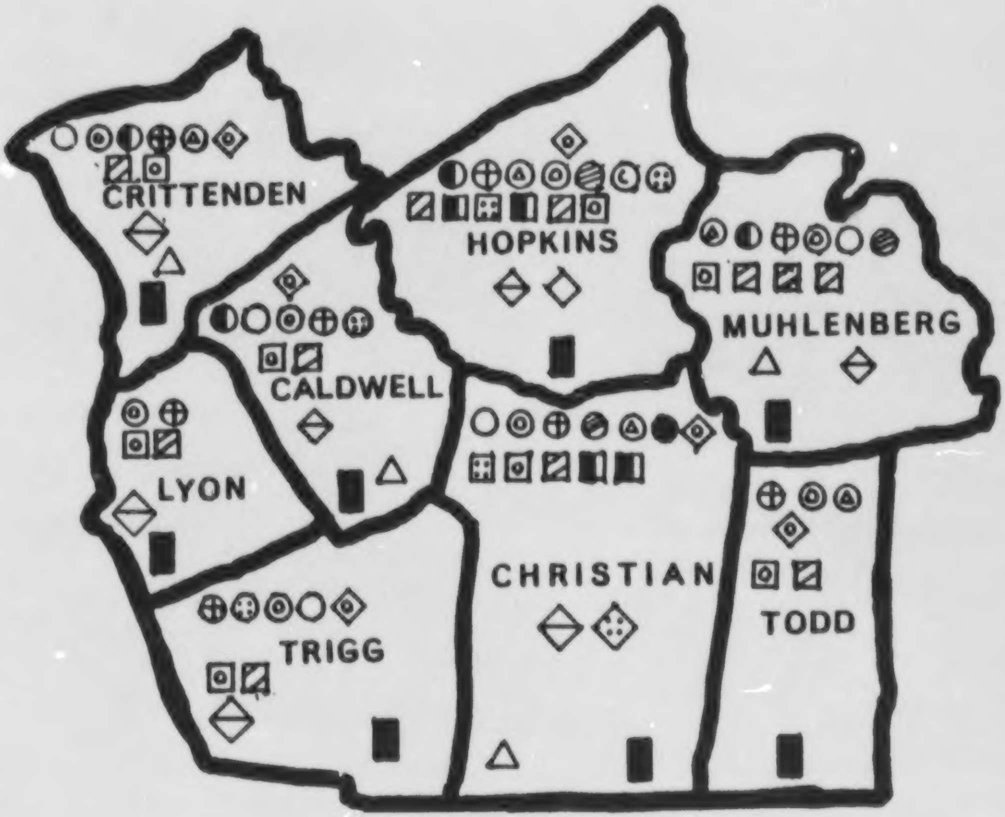
- ○ Hospital
- ⚃ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟡ CETA Office
- ⬙ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


CRITTENDEN
HOPKINS
MUHLENBERG
CALDWELL
LYON
CHRISTIAN
TODD
TRIGG

REGION II

PENNYROYAL

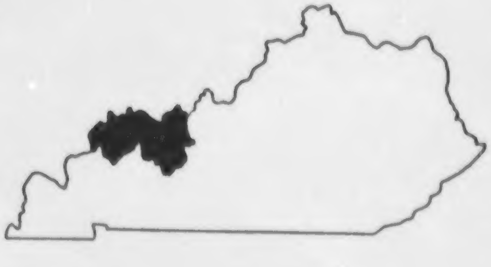
COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Caldwell	0	0	1	0	3	1	1	8	8	1	0	0	0	1	1	0	0	1	0	1			
Christian	0	1	1	2	6	1	0	49	20	1	1	1	1	1	1	1	1	1	0	1			
Crittenden	0	0	1	0	1	1	0	3	2	1	0	1	0	1	1	1	0	1	0	1			
Hopkins	0	1	2	2	5	1	2	89	15	1	0	1	1	1	1	1	1	1	0	0			
Lyon	0	0	1	0	1	0	0	3	2	0	0	0	0	1	1	0	0	0	0	0			
Muhlenberg	0	0	3	0	4	1	0	13	6	1	0	1	1	2	1	1	0	1	0	1			
Todd	0	0	1	0	2	0	0	4	3	0	0	1	0	1	1	0	0	0	0	1			
Trigg	0	0	1	0	2	1	1	4	3	0	0	0	0	1	1	0	0	1	0	0			

REGION III - GREEN RIVER

Pinnochio's good food, reasonable prices and pleasant surroundings have built a loyal and enthusiastic clientele from among Owensboro's downtown business community since it opened in July, 1979. At the same time, this popular delicatessen has trained and employed a number of adults with mental retardation to prepare food, man a service line, bus tables and meet the public. At the suggestion of an Opportunity Center counselor, Bob Robey, and with the help of a Small Business Loan, the Owensboro Council for Retarded Citizens (which runs the Opportunity Center) bought Pinnochio's equipment, stock and good name for $25,000.00. In 18 months this weekday eat-in/carry-out breakfast and lunch business went from a $4,500 to a $10,000 gross monthly income.

A full-time staff of 3 manage Pinnochio's and oversee the training. Six of the 10 trainees are paid minimum wage through a federally-funded program for a six month period only, and 4 serve as longer-term sheltered employees. All receive assessments and preliminary training at the Opportunity Center before they are selected and hired. Once employed, they work regular hours, earn sick and vacation leave, get life insurance and credit union benefits. Several have already moved on to jobs in other community restaurants.

Pinnochio's has received national recognition and praise both as an example of an outstanding work-training program and as a demonstration of how well adults with mental retardation can succeed and integrate in the community.



DESCRIPTION

HISTORY

The Green River Regional Mental Health-Mental Retardation Board was established in 1966 to serve the nearly 200,000 people who live in the seven county Green River region.

As a result of an appeal in a letter-to-the-editor from Mr. and Mrs. John C. Grant and Mr. and Mrs. J. W. Castlen, Jr., in February, 1956, 25 families gathered together to form a council to provide services to the children with mental handicaps, which later became the Owensboro Council for Retarded Children. By the following June, city and county school superintendents reported plans to the council to start another class from donations and a grant from the WHAS Crusade for Children.

Both the Opportunity Center Workshop and the first preschool program opened under the council's direction in 1959. Although the city schools eventually took over all classes for school-age children, the council still operates one preschool class, the Opportunity Center, and the flourishing downtown restaurant, Pinocchio's, staffed by trainees from the workshop.

The Hugh Edward Sandifur Training Center began operation in Henderson in 1967 when the Bureau of Rehabilitation in Frankfort offered $40,000 for the workshop if the city would raise $10,000. Today the Center, partially funded by United Way and Title XX, is a successful agency and business, and provides a full array of vocational services.

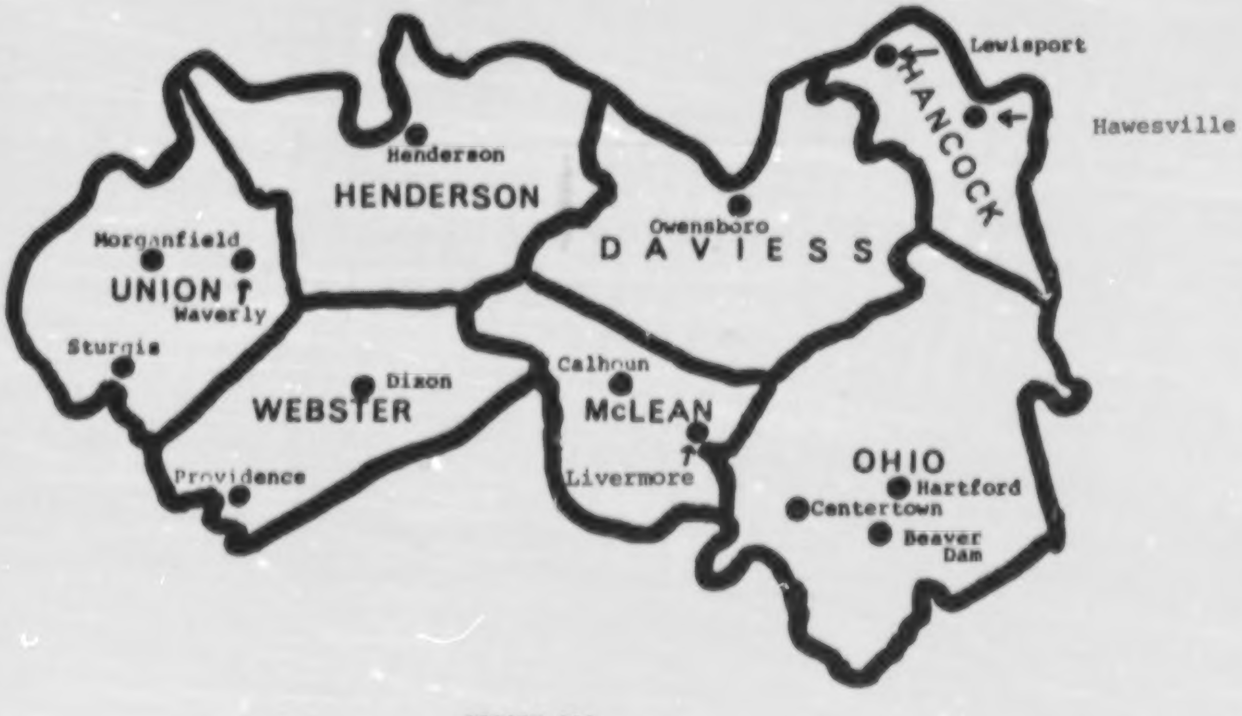
SOCIO-ECONOMIC

The Green River Region, with a population of 196,500, encompasses Daviess, Hancock, Ohio, McLean, Webster, Union, and Henderson Counties in northwest Kentucky. Bordered on the north by the Ohio River and dissected by the water of the Green, Rough and Pond Rivers, the Region covers an area of 2,614 square miles which lie almost entirely within the western Kentucky coal district. Terrain ranges from rolling hills to sharp ridges and rough, broken land.

Area minerals include petroleum, coal, sand, gravel, clay and limestone. The standing timber is mainly oak, yellow poplar, sweet gum, red cedar and hickory.

Machinery, metal products and equipment, lumber and furniture, chemicals, rubber, petroleum, primary metals, whiskey and food are important manufacturing products. Swine, poultry, hay, corn, tobacco, and soybeans contribute most to the farming economy.

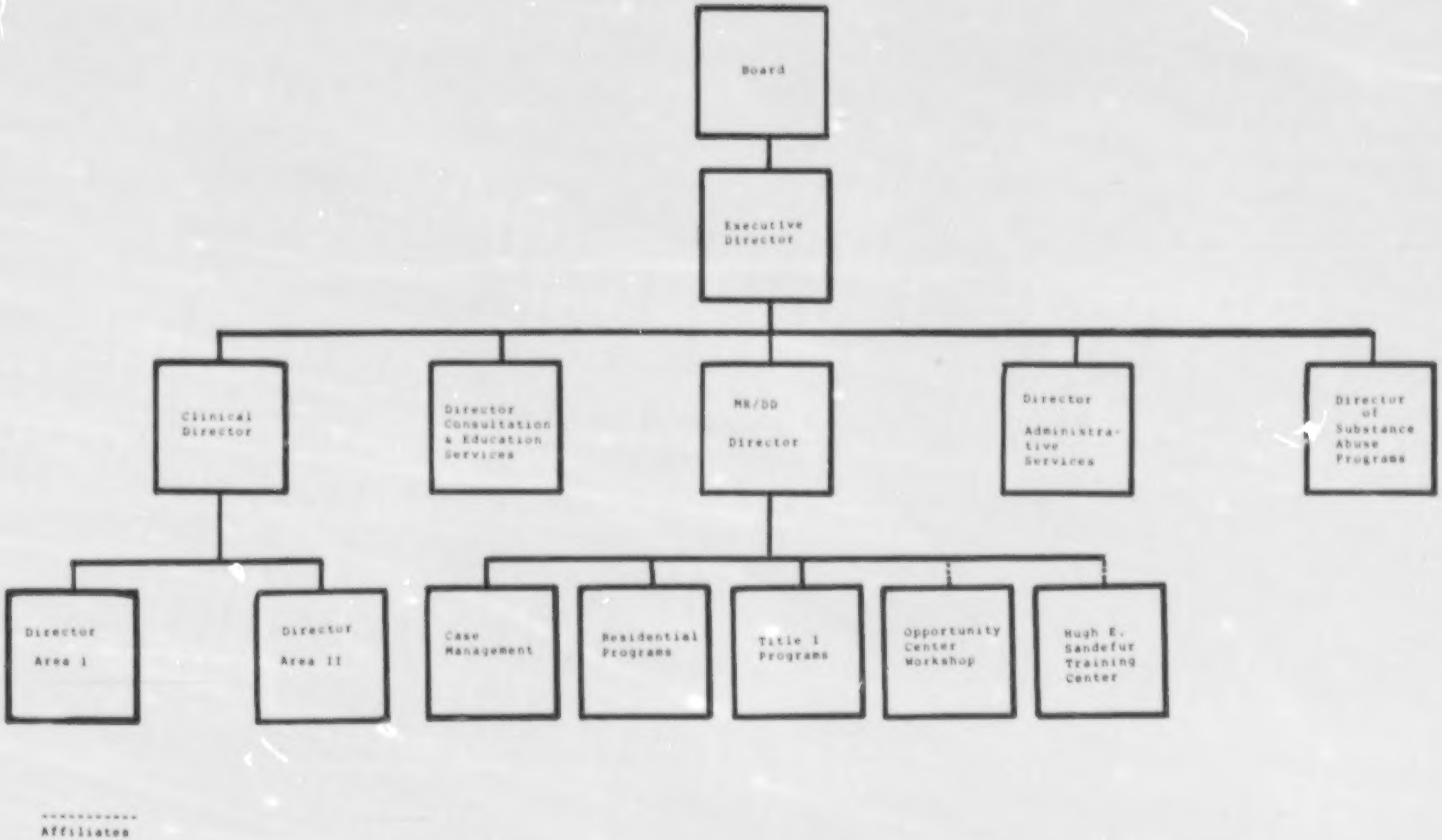
Owensboro, Daviess' County seat, is the largest city in this area of mixed rural and urban components.


Lewisport
Hawesville
HANCOCK
Henderson
HENDERSON
Owensboro
DAVIESS
Morganfield
UNION
Waverly
Sturgis
Dixon
WEBSTER
Providence
Calhoun
McLEAN
Livermore
OHIO
Hartford
Centertown
Beaver Dam

REGION III
GREEN RIVER

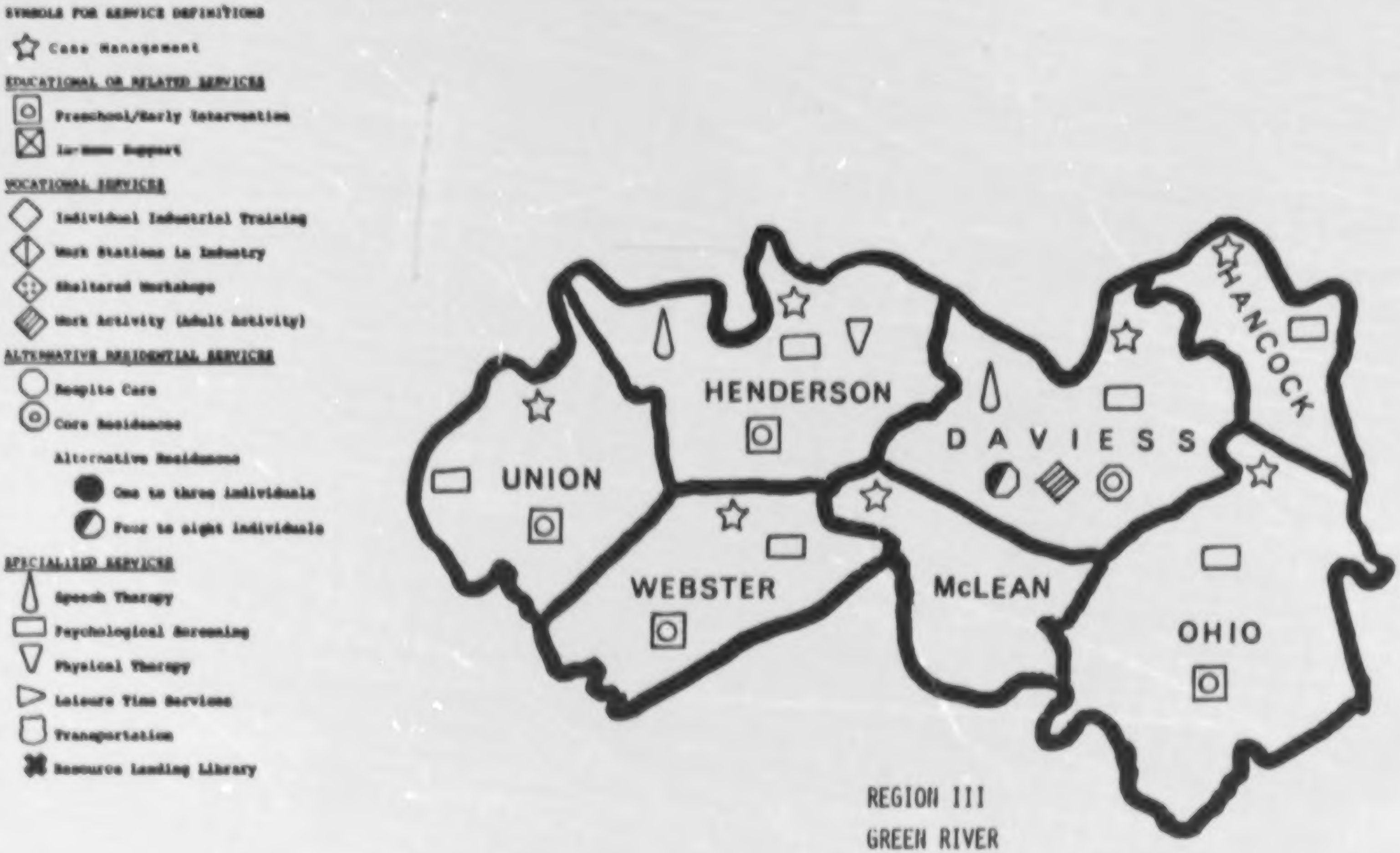
BEST COPY AVAILABLE

STRUCTURE


Board
Executive Director
Clinical Director
Director Consultation & Education Services
MR/DD Director
Director Administrative Services
Director of Substance Abuse Programs
Director Area I
Director Area II
Case Management
Residential Programs
Title I Programs
Opportunity Center Workshop
Hugh E. Sandefur Training Center
Affiliates

May, 1981

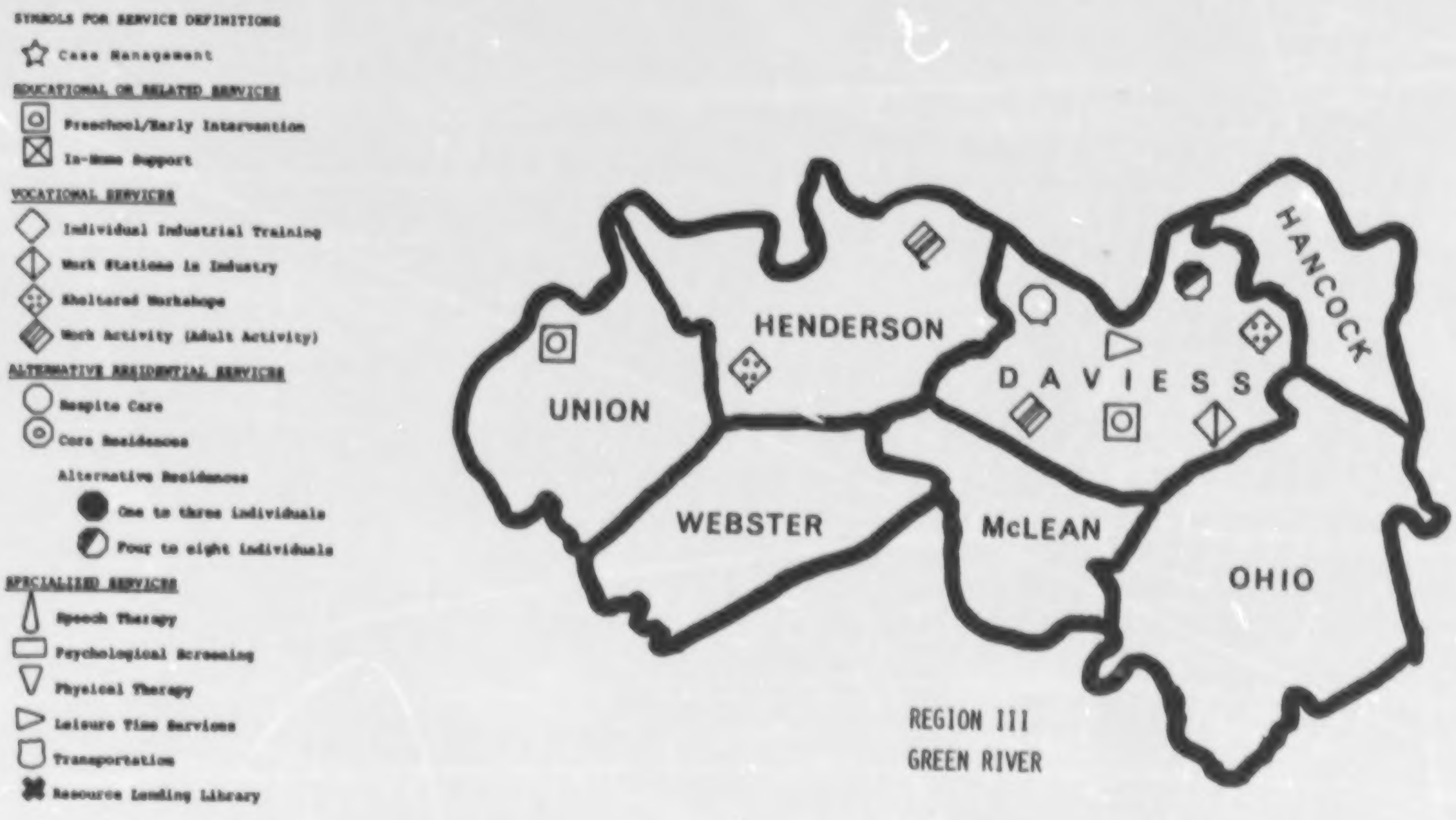
SERVICES PROVIDED BY REGION


SYMBOLS FOR SERVICE DEFINITIONS
Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
In-Home Support
VOCATIONAL SERVICES
Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
Respite Care
Core Residences
Alternative Residences
One to three individuals
Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
Psychological Screening
Physical Therapy
Leisure Time Services
Transportation
Resource Lending Library
HENDERSON
UNION
DAVIESS
HANCOCK
WEBSTER
McLEAN
OHIO
REGION III
GREEN RIVER

MENTAL RETARDATION PROGRAMS OPERATED
DIRECTLY BY THE REGIONAL COMMUNITY MENTAL
HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management Services	All Counties	Case Management	☆	136
Infant Stimulation	Henderson/Henderson	Infant Stimulation	⊡	
Infant Stimulation	Morganfield/Union	Infant Stimulation	⊡	
Infant Stimulation	Dixon/Webster	Infant Stimulation	⊡	
Infant Stimulation	Hartford/Ohio	Infant Stimulation	⊡	
				46
Adult Developmental Services Center	Owensboro/Daviess	Work Activity	▨	11
Core Residence	Owensboro/Daviess	Residential	◎	7
Green River Community Residence	Owensboro/Daviess	Residential	◐	8
Speech Therapy	Owensboro/Daviess	Speech Evaluation and Therapy	💧	11
Speech Therapy	Henderson/Henderson	Speech Therapy for Infant Stimulation Clients	💧	20
Psychological Services	Owensboro/Daviess	Psychological Screening	▭	
Psychological Services	Morganfield/Union	Psychological Screening	▭	
Psychological Services	Providence/Webster	Psychological Screening	▭	
Psychological Services	Henderson/Henderson	Psychological Screening	⊔	
Psychological Services	Hartford/Ohio	Psychological Screening	⌞⌝	
Psychological Services	Lewisport/Hancock	Psychological Screening	▭	
Physical Therapy	Henderson/Henderson	Physical Therapy for Infant Stimulation Clients	▽	10

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION


SYMBOLS FOR SERVICE DEFINITIONS
☆ Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
☒ In-Home Support
VOCATIONAL SERVICES
◇ Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
Respite Care
Core Residences
Alternative Residences
One to three individuals
Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
Transportation
Resource Lending Library
HENDERSON
UNION
DAVIESS
HANCOCK
WEBSTER
McLEAN
OHIO
REGION III
GREEN RIVER

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Independence Apartments	Owensboro/Daviess	Residential	◐	8
Wendell Foster Center	Owensboro/Daviess	Respite (limited)	⯃	90
Opportunity Center Workshop	Owensboro/Daviess	Sheltered Workshop	◈	
Opportunity Center Workshop	Owensboro/Daviess	Work Activity	▨	
Pinnochios	Owensboro/Daviess	Work Station	◇	8
Hugh Edward Sandefur Training Center	Henderson/Henderson	Sheltered Workshop	◈	75
Hugh Edward Sandefur Training Center	Henderson/Henderson	Work Activity	▨	
Sturgis Preschool	Sturgis/Union	Preschool	⧇	4
Owensboro Council for Retarded Citizens Preschool (operated cooperatively with Brescia College)	Owensboro/Daviess	Preschool	⧇	12
Camp Marc	Owensboro/Daviess (available to the 3 Western Kentucky Regions	* Recreation/Leisure	▷	44

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⧇ Preschool/Early Intervention
☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training
◈ Work Stations in Industry
❖ Sheltered Workshops
◆ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

⯃ Respite Care
◎ Core Residences

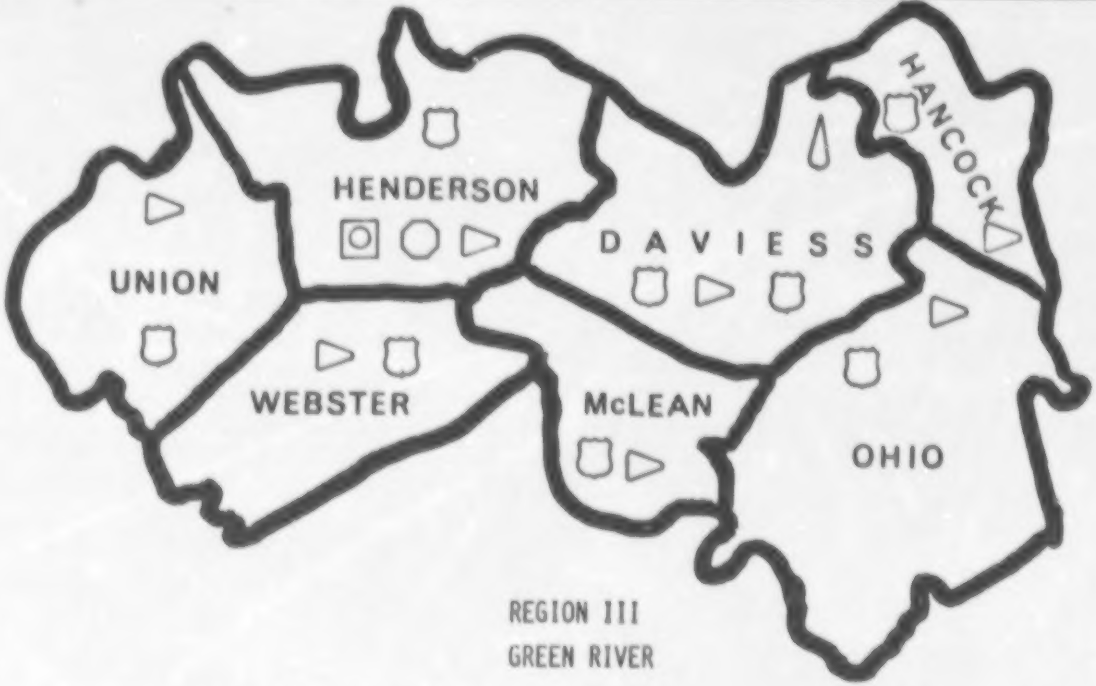
Alternative Residences

● One to three individuals
◐ Four to eight individuals

SPECIALIZED SERVICES

💧 Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
🛡 Transportation
✖ Resource Lending Library

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Higgins Learning Center	Morganfield/Henderson	Respite	⯃	
Riverview School	Henderson/Henderson	Preschool	⧇	4
Special Olympics	All Counties	Recreation	▷	
Speech Therapy	Owensboro/Daviess	Speech Therapy	💧	
Green River Intra-Transit Systems	All Counties	Limited Transportation to Elderly and Handicapped	🛡	
Owensboro Transit System	Owensboro/Daviess	Transportation for Elderly, Physical and Mentally Handicapped	🛡	



REGION III
GREEN RIVER

BEST COPY AVAILABLE

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ⊚ Pre-school

HEALTH SERVICES

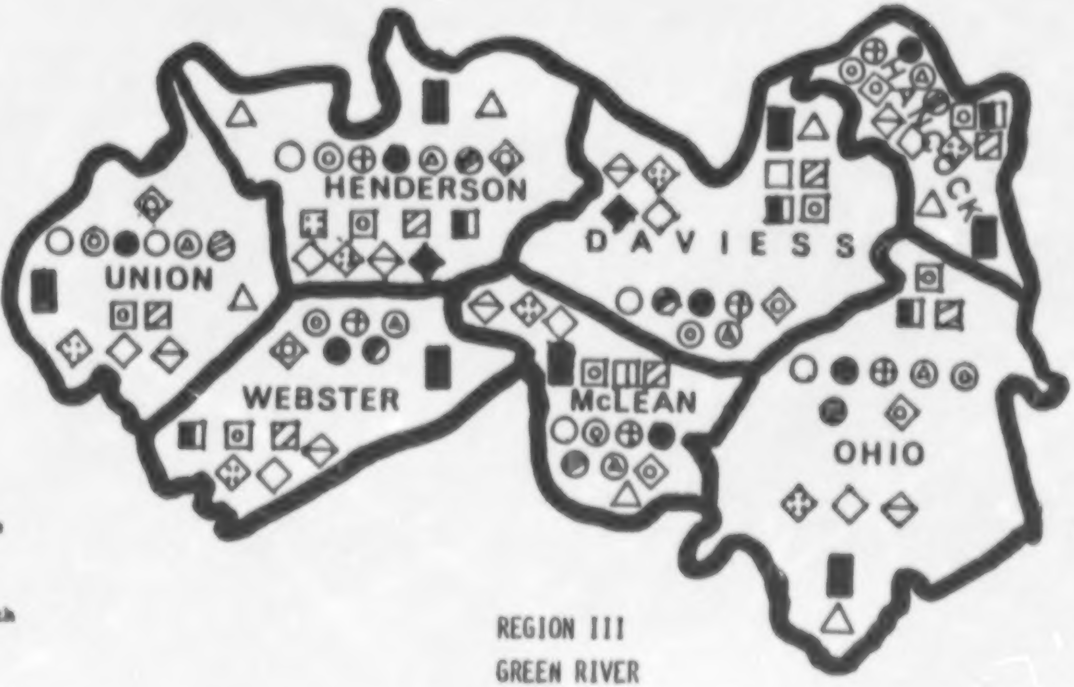
- ○ Hospital
- ⊙ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⬙ State Employment
- ◆ Goodwill Industries

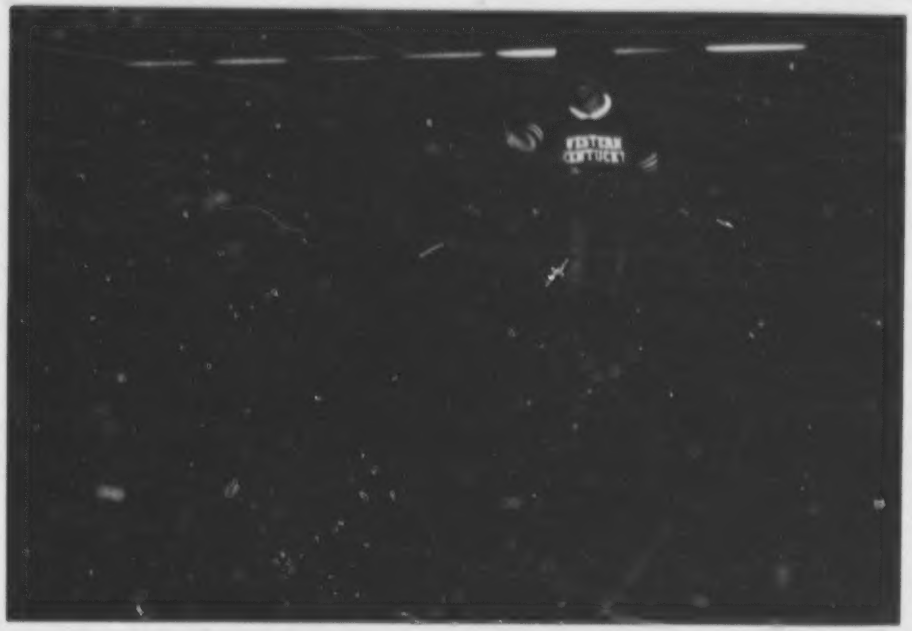
OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


HENDERSON
UNION
WEBSTER
DAVIESS
McLEAN
OHIO
HANCOCK
REGION III
GREEN RIVER

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.	S.S.	S.I.	Private Voc. & Tech. School
Daviess	2	0	2	4	8	2	0	100	42	0	1	1	done through each health department in all counties	1	1	1	1	same agency as above	1	1	1	1	2
Hancock	0	0	1	1	1	0	0	2	2	0	1	2		1	1	1	1		0	1	1	1	6
Henderson	0	1	1	1	4	1	0	41	13	0	1	1		1	1	1	1		1	1	1	1	1
McLean	0	0	1	1	1	1	0	4	3	0	1	2		1	1	1	1		0	0	1	26 0	1
Ohio	0	0	1	1	4	1	0	9	6	0	1	1		1	1	1	1		0	1	1	1	0
Union	0	0	1	1	2	1	0	11	6	0	1	1		1	1	1	1		0	1	1	1	1
Webster	0	0	2	1	1	0	0	7	4	0	1	4		1	1	1	1		0	0	1	1	0
												(# of bases)											

REGION IV - BARREN RIVER



When Mike Holian took a group of adults with mental retardation to their first Western Kentucky University (WKU) football game 3 years ago he recalls, "They enjoyed the game, but did not understand what was happening."

It occurred to Holian, Barren River Regional MR/DD Director, and Charlie Daniels, WKU physical education (PE) professor, that people need to learn how to use their leisure time, as well as how to work and keep house.

And so began the Handicapped Adult Leisure-time and Physical Education (HALPE) project. Barren River MH/MR Board contracts with WKU's PE Department to assess and teach recreational and social skills to 150 adults with mental retardation "making the conditions of everyday life available," Daniels explains, so that they "Know how to spend their time in some activity other than watching television."

HALPE evaluates each participants' abilities and limitations in balancing, stooping, running, skipping, catching a ball and other

physical skills, and assesses the recreational facilities in his or her home community. If there is no bowling alley, HALPE teaches billiards. If there is neither pool hall nor YMCA, park or gym, HALPE teaches fishing and other outdoor sports.

HALPE members use WKU's swimming pools, bowling alley, gym and game room as well as local Bowling Green facilities. Adapted equipment allows people with physical handicaps to participate - to bowl with no fingers, to shoot pool from a wheelchair. Members learn what to wear for different active sports, and the basic rules of spectator sports. They are taught to make a date for a movie, buy the tickets, get popcorn and find a seat; how to ask someone to dance, and how to accept or refuse. No longer are they taken to a bowling alley and led around to get their shoes, select a ball and have their score kept; today they handle these matters themselves. And their progress is periodically evaluated.

"HALPE is scientifically based and we do careful assessments on everyone," Daniels says, "Besides improving physically, our participants learn to make decisions about their dress. They learn to do things for themselves, they learn how to get along with other people and they learn how to spend their time. It's amazing that a little bit of leisure and recreation goes a long way toward improving self-image and self-confidence."

DESCRIPTION

HISTORY

From July 25, 1966, until July 1, 1971, Region IV's ten counties operated as two separate mental health regions, Southern Kentucky and Mammoth Cave. In 1971, the Barren River Mental Health/Mental Retardation Board became responsible for services to all ten counties.

SOCIO-ECONOMIC

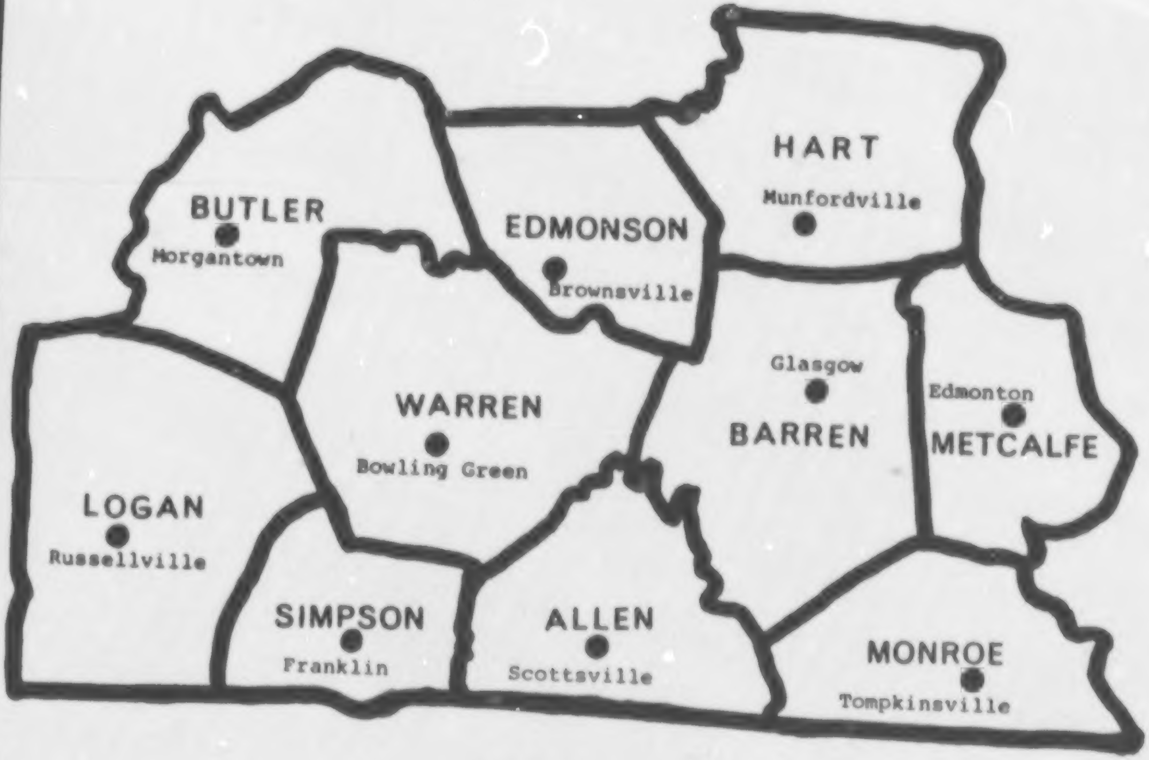
Barren River's ten counties are located in the Southcentral part of Kentucky, with its southern boundary bordering the Kentucky-Tennessee line. The region's 3,958 square miles comprise about one-tenth of Kentucky's territory. The 1980 population for the area, 205,900, is a 16.5% increase over the 1970 count.

Bowling Green is the largest city in the region and the fifth largest in the state, with a 1980 population of 40,450.

Natural depressions and other geographic features formed by a subsurface solubility of limestone have created the innumerable caves in the area, of which Mammoth Cave is the most famous. Compared to the mountainous topography of Eastern Kentucky, the region is level.

In 1976, only sixteen percent of the total employment was in agriculture, compared to 58% in 1950. The major industrial development has occurred in Bowling Green and Glasgow, and to a lesser extent, in Franklin and Russellville. A considerable tourist-related economy had developed near Mammoth Cave National Park, particularly in Cave City in Barren County. Barren River Lake State Resort Park developed as a result of the large man-made impoundment of the Barren River.

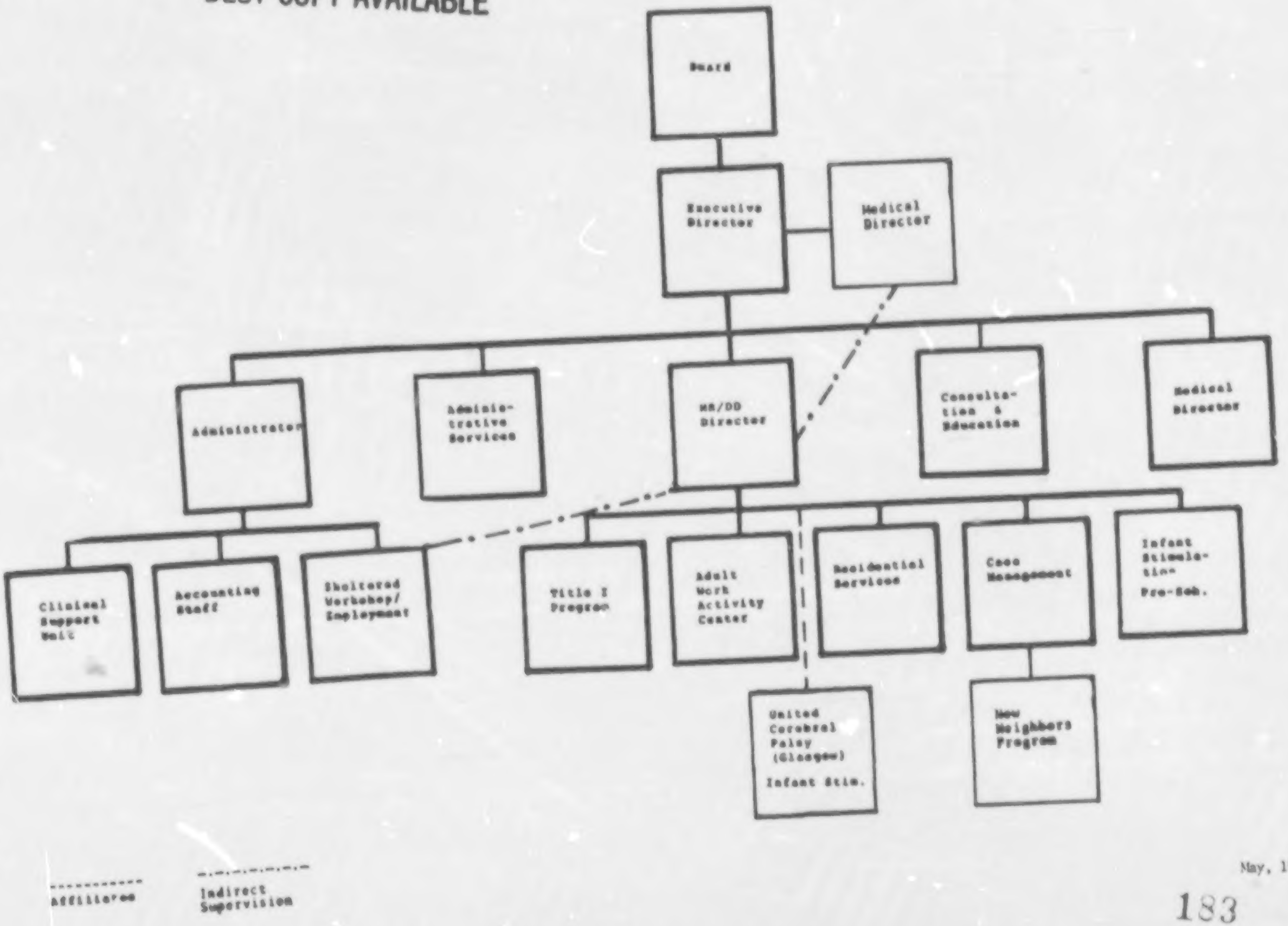
Interstate 65 bisects the region and Cumberland Parkway and the Green River Parkway provide additional four lane limited access travel.


HART
Munfordville
BUTLER
Morgantown
EDMONSON
Brownsville
Glasgow
Edmonton
WARREN
Bowling Green
BARREN
METCALFE
LOGAN
Russellville
SIMPSON
Franklin
ALLEN
Scottsville
MONROE
Tompkinsville

REGION IV

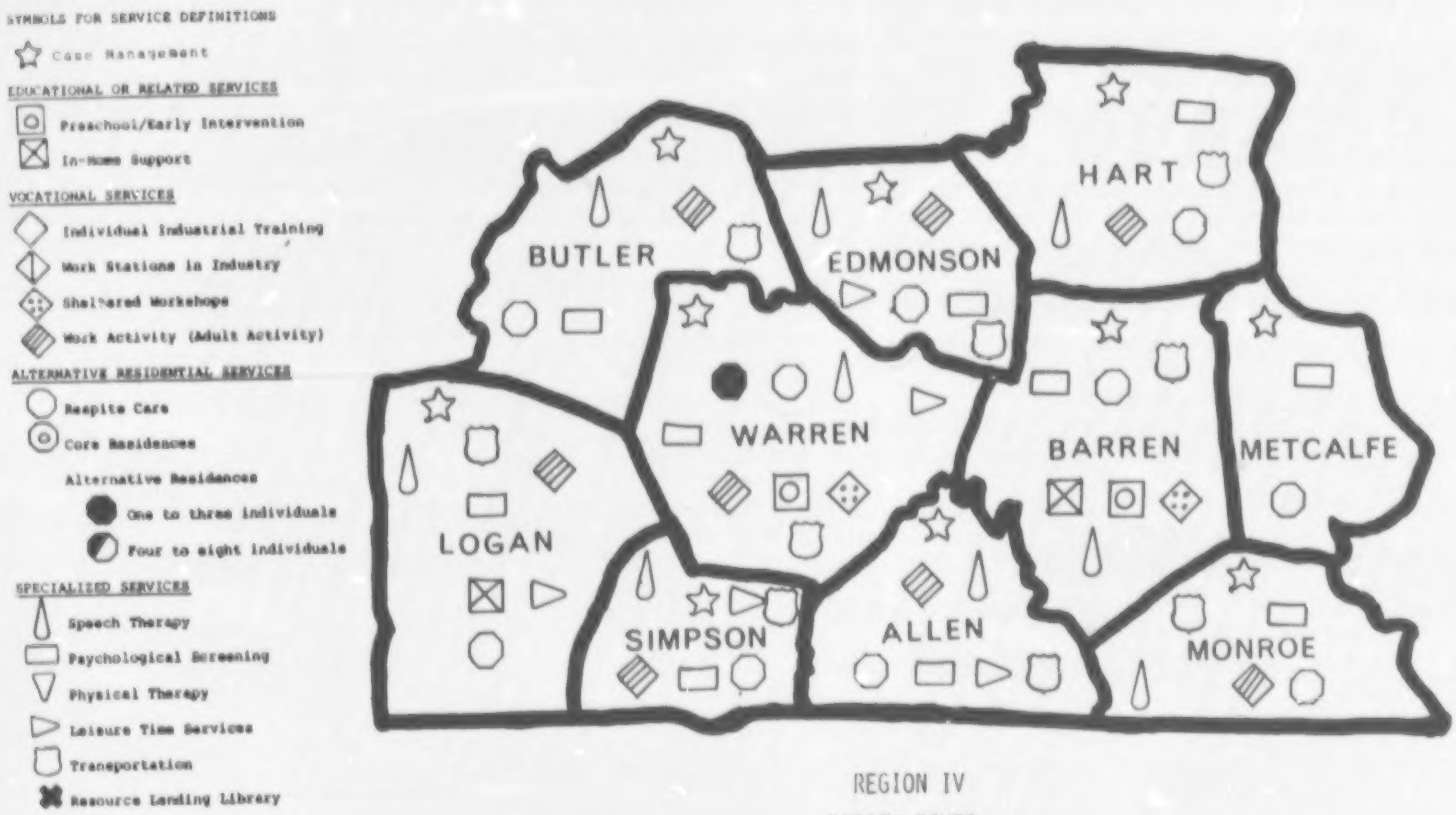
BARREN RIVER

BEST COPY AVAILABLE


Board
Executive Director
Medical Director
Administrator
Administrative Services
MR/DD Director
Consultation & Education
Medical Director
Clinical Support Unit
Accounting Staff
Sheltered Workshop/ Employment
Title I Program
Adult Work Activity Center
Residential Services
Case Management
Infant Stimulation Pre-Sch.
United Cerebral Palsy (Glasgow) Infant Stim.
New Neighbors Program
Affiliates
Indirect Supervision

May, 1981

SERVICES PROVIDED BY REGION


SYMBOLS FOR SERVICE DEFINITIONS
☆ Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
☒ In-Home Support
VOCATIONAL SERVICES
◇ Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
○ Respite Care
Core Residences
Alternative Residences
● One to three individuals
◐ Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
Transportation
✖ Resource Lending Library
BUTLER
EDMONSON
HART
WARREN
BARREN
METCALFE
LOGAN
SIMPSON
ALLEN
MONROE

REGION IV

BARREN RIVER

184

185

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Infant Stimulation	Bowling Green/Warren	Infant Stimulation	⧇	
Infant Stimulation	Glasgow/Barren	Infant Stimulation	⧇	
In-Home Support	Russelville/Logan	In-Home Support	⊠	
In-Home Support	Glasgow/Barren	In-Home Support	⊠	
Exceptional Industries	Bowling Green/Warren	Sheltered Workshop	⟐	
Cavelake Workshop	Glasgow/Barren	Sheltered Workshop	⟐	
Monroe County Adult Activity	Tompkinsville/Monroe	Work Activity	▨	
Hart County Adult Activity	Munfordville/Hart	Work Activity	▨	
Franklin Adult Activity	Franklin/Simpson	Work Activity	▨	
Scottsville Work Activity Center	Scottsville/Allen	Work Activity	▨	
Morgantown Work Activity Center	Morgantown/Butler	Work Activity	▨	
Brownsville Work Activity	Brownsville/Edmonson	Work Activity	▨	
Russellville Work Activity	Russellville/Logan	Work Activity	▨	
Bowling Green Work Activity	Bowling Green/Warren	Work Activity	▨	
Respite Care	Private homes/all counties	Respite Care	⯃	42
Alternate Residence	Bowling Green/Warren	Specialized Family Care	⯃	1
Speech Therapy	Morgantown/Butler	Speech Therapy	💧	
Speech Therapy	Russellville/Logan	Speech Therapy	💧	

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Speech Therapy	Franklin/Simpson	Speech Therapy	△	
Speech Therapy	Scottsville/Allen	Speech Therapy	△	
Speech Therapy	Tompkinsville/Monroe	Speech Therapy	△	
Speech Therapy	Glasgow/Barren	Speech Therapy	△	
Speech Therapy	Munfordville/Hart	Speech Therapy	△	
Speech Therapy	Brownsville/Edmonson	Speech Therapy	△	
Speech Therapy	Bowling Green/Warren	Speech Therapy	△	
Psychological Services	Morgantown/Butler	Psychological Screening	▭	
Psychological Services	Russellville/Logan	Psychological Screening	▭	
Psychological Services	Franklin/Simpson	Psychological Screening	▭	
Psychological Services	Scottsville/Allen	Psychological Screening	▭	
Psychological Services	Tompkinsville/Monroe	Psychological Screening	▭	
Psychological Services	Glasgow/Barren	Psychological Screening	▭	
Psychological Services	Munfordville/Hart	Psychological Screening	▭	
Psychological Services	Brownsville/Edmonson	Psychological Screening	▭	
Psychological Services	Bowling Green/Warren	Psychological Screening	▭	
Psychological Services	Edmonton/Metcalfe	Psychological Screening	▭	
Leisure	Bowling Green/Warren	Leisure Activities	▷	
Leisure	Russelville/Logan	Leisure Activities	▷	
Leisure	Franklin/Simpson	Leisure Activities	▷	
Leisure	Scottsville/Allen	Leisure Activities	▷	
Leisure	Brownsville/Edmonson	Leisure Activities	▷	
Transporation	All Counties except Metcalf	Transportation to programs	⬠	

FIT-BY-EIGHT --- A UNIQUE MAINSTREAMING PROGRAM FOR THE MOTOR AND SOCIAL DEVELOPMENT OF EQUAL NUMBERS OF HANDICAPPED AND NON-HANDICAPPED CHILDREN, CONDUCTED ON SATURDAYS BY WESTERN KENTUCKY UNIVERSITY. ORIGINALLY FOR YOUNGSTERS 3 TO 8 YEARS OLD, THE AGE LIMIT WAS EXTENDED TO 16 BY PARENTAL DEMAND.

188 189

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ▣ Pre-school

HEALTH SERVICES

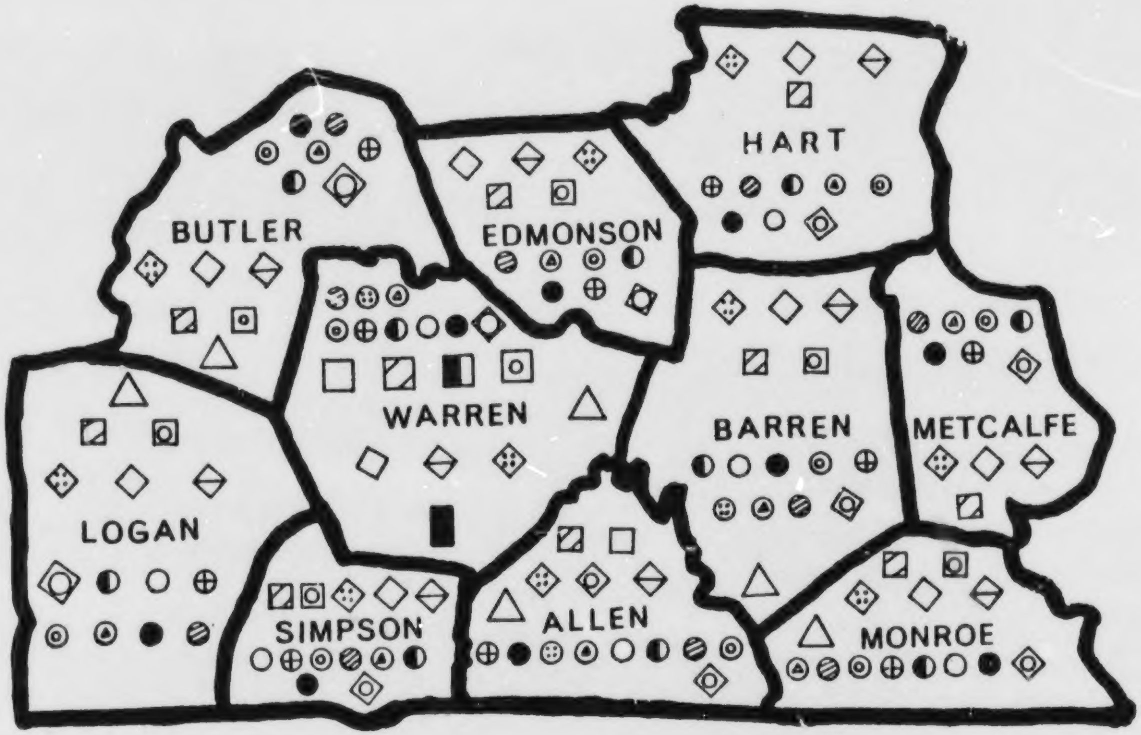
- ○ Hospital
- ◌ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟡ CETA Office
- ⬙ State Employment
- ◆ Goodwill Industries

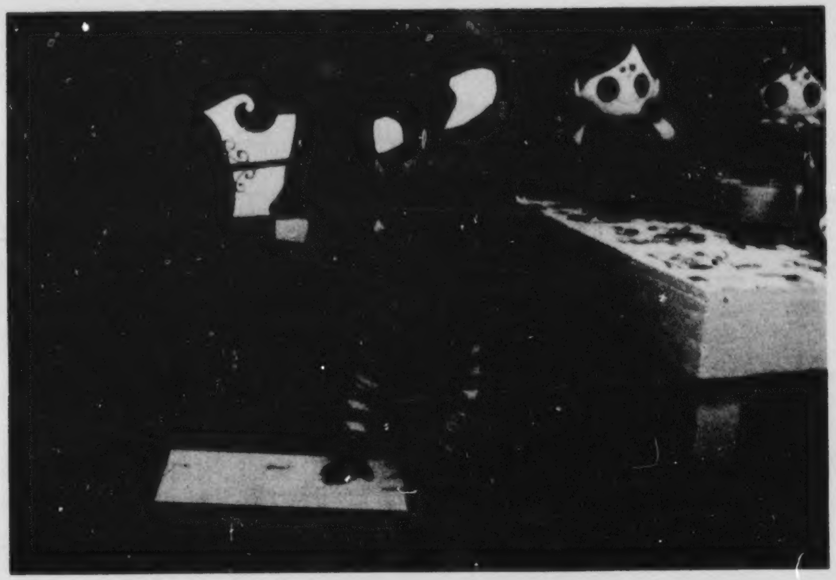
OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


BUTLER
EDMONSON
HART
WARREN
BARREN
METCALFE
LOGAN
SIMPSON
ALLEN
MONROE

REGION IV
BARREN RIVER

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Allen	0	0	2	0	1	1	1	3	4	1	1	1	1	1	0	1	1	1	0	1			
Barren	0	0	3	0	2	1	1	28	8.4	1	1	1	1	1	0	1	1	1	0	1			
Butler	0	0	1	0	1	0	0	2	2.3	1	1	1	1	1	0	1	1	1	0	1			
Edmonson	0	0	1	0	1	0	0	3	1.2	1	1	1	1	1	0	1	1	1	0	0			
Hart	0	0	1	0	0	1	0	65	4.6	1	1	1	1	1	0	1	1	1	0	0			
Logan	0	0	2	0	1	1	0	9	6.4	1	1	1	1	1	0	1	1	1	0	1			
Metclafe	0	0	1	0	0	0	0	1.5	3.2	1	1	1	1	1	0	1	1	1	0	0			
Monroe	0	0	1	0	2	1	0	4	5	1	1	1	1	1	0	1	1	1	0	1			
Simpson	0	0	1	0	1	1	0	4	5.7	1	1	1	1	1	0	1	1	1	0	0			
Warren	1	0	2	6	7	2	1	8.5	485	1	1	1	1	1	1	1	1	1	0	1			



SERVICES TO CHILDREN AND
ADULTS IN THE BARREN
RIVER REGION

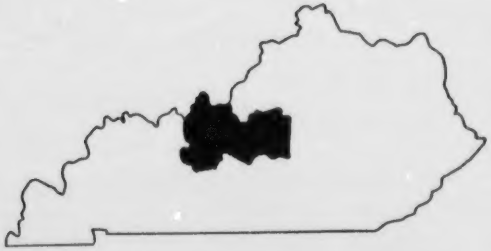
193

194

REGION V - NORTH CENTRAL

Moving from a small town of Cloverport in Breckinridge County to Elizabethtown opened new doors for Sue Boone. Her work on the serving line and salad bar at Elizabethtown's popular steak house, the Golden Corral, has already earned her one raise. She shares a house, and cooking, shopping and cleaning chores with 4 other girls (and a live-in supervisor). She's making monthly payments on new braces for her teeth, attends a speech class and is working on her GED. On her 2 days off a week, she volunteers at the Opportunity Workshop for people with mental retardation.

Sue left her 5 brothers and 4 sisters at home and came to Elizabethtown to seek out more independence when she was only 17. She was first assigned to the Opportunity Workshop and the attached group home. But, in a few years, she began getting work experience in the community--at a Jiffy restaurant, a fast-food burger shop and as a motel maid. In early '79 she moved into her present home, as one of the first residents in the only supervised apartment in the area. When Ms. Boone needs a ride, she takes a cab or goes with a friend. Personable and bright, she knows where she's going and how to get there, and is glad to be able to pay her way.



DESCRIPTION

HISTORY

The North Central Comprehensive Care Center, Inc. opened its regional office in Elizabethtown and three satellite offices in 1968.

Local businessman, W.W. Perry, who served on the regional planning committee for this plan, also served on the board's original advisory council for mental retardation services. At that time, there was only one day care facility in the region, operated by the Meade County Association for Retarded Citizens (ARC). The program started by Hardin County ARC has been absorbed into the Hardin County school system. Other ARC's formed as North Central Comprehensive Care Center began starting day programs for children and adults in all eight counties.

As programs started and grew, community support was outstanding in most counties. When Public Law 94-142 made classes for school-age children the responsibility of the school districts, North Central concentrated its attention on outpatient clinical services to children, infant intervention and preschool services in the central area, and work or adult training programs in each county.

There are two group homes in the district, a supervised apartment and follow-along services to those who need assistance in independent living. A sheltered workshop in Hardin County serves the district clients qualified by their vocational rehabilitation evaluation. North Central was part of the original New Neighbors Project which started in the fall of 1930. The one person who came from Outwood to Hardin County in February, 1981 has made a very successful transition--the first of many such transitions planned for the region.

SOCIO-ECONOMIC

The North Central Region's 3,317 square miles encompass eight counties. With easy access to Louisville's large metropolitan area, the region has not developed its own urban areas as it might otherwise have. However, the region's growth corridor--containing Elizabethtown, Radcliff and Vine Grove -- is an important center of employment, services, and shopping.

In 1970, Breckinridge, Grayson, Marion, Nelson, and Washington Counties were classified as redevelopment areas by the Economic Development Administration because of low income and unemployment over six percent.

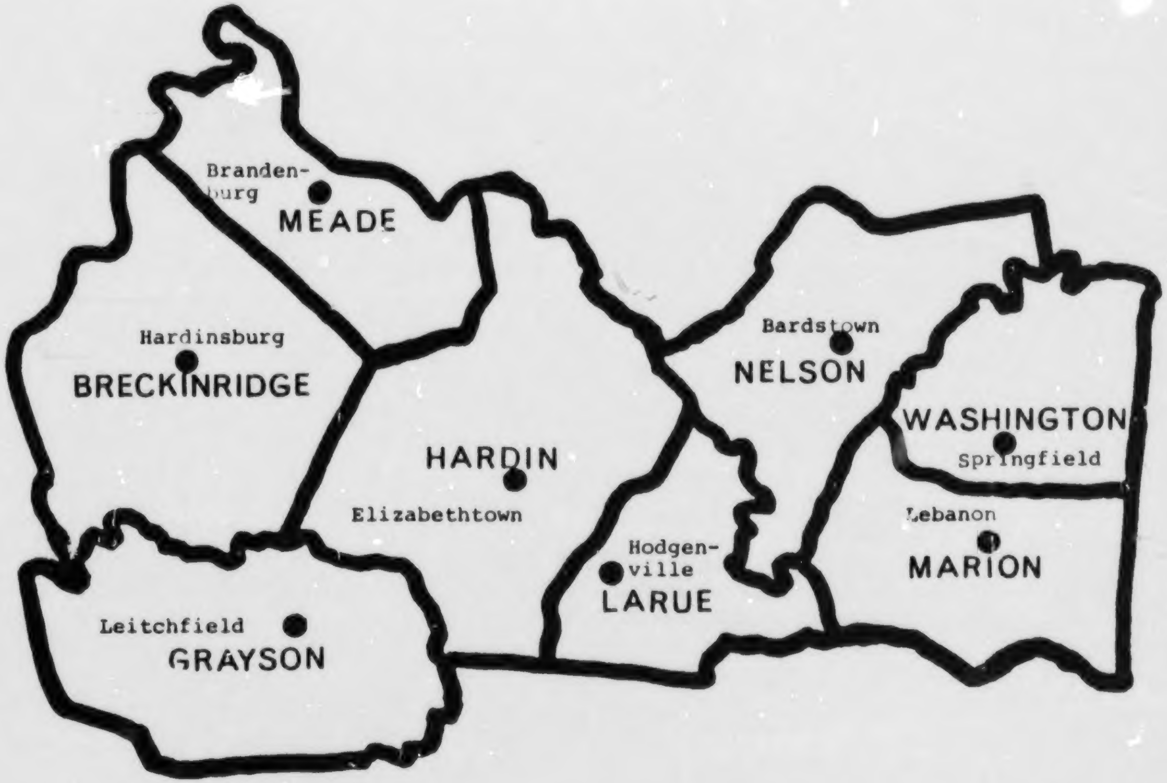
The area is mostly rolling limestone country with numerous spring and "limestone sinks" which facilitate good drainage for semi-fertile soil. The springs provide clear cool water for the distilleries in Nelson and Larue Counties and supply a large portion of the fresh water necessary to operate the Olin Matheson Corporation in Meade County. The spring in Meade County, near the county seat of Brandenburg, have been channelled into a man-made lake providing year-round vacation living, recreation, trout fishing, and limited part-time employment at Doe Valley. Other man-made lakes were created by Rough River Dam and Nolin Reservoir in Grayson County.

The region depends primarily on agriculture for its economy, although Hardin County depends mostly on industry.

Chief agricultural products are tobacco, corn, dairy products, beef cattle and hogs. Many farmers and other civilians work at Fort Knox in Hardin County, the armored center of the U.S. Armed Forces and home of the famous Gold Vault. The 50,000 military personnel and dependents on the military reservation make this the highest population concentration in the area. Elizabethtown, the largest city and biggest employer, has seven industries employing 2,052 people. Hardin, Nelson, Marion, Washington, Grayson and Meade Counties have industries which employ over 500 people.

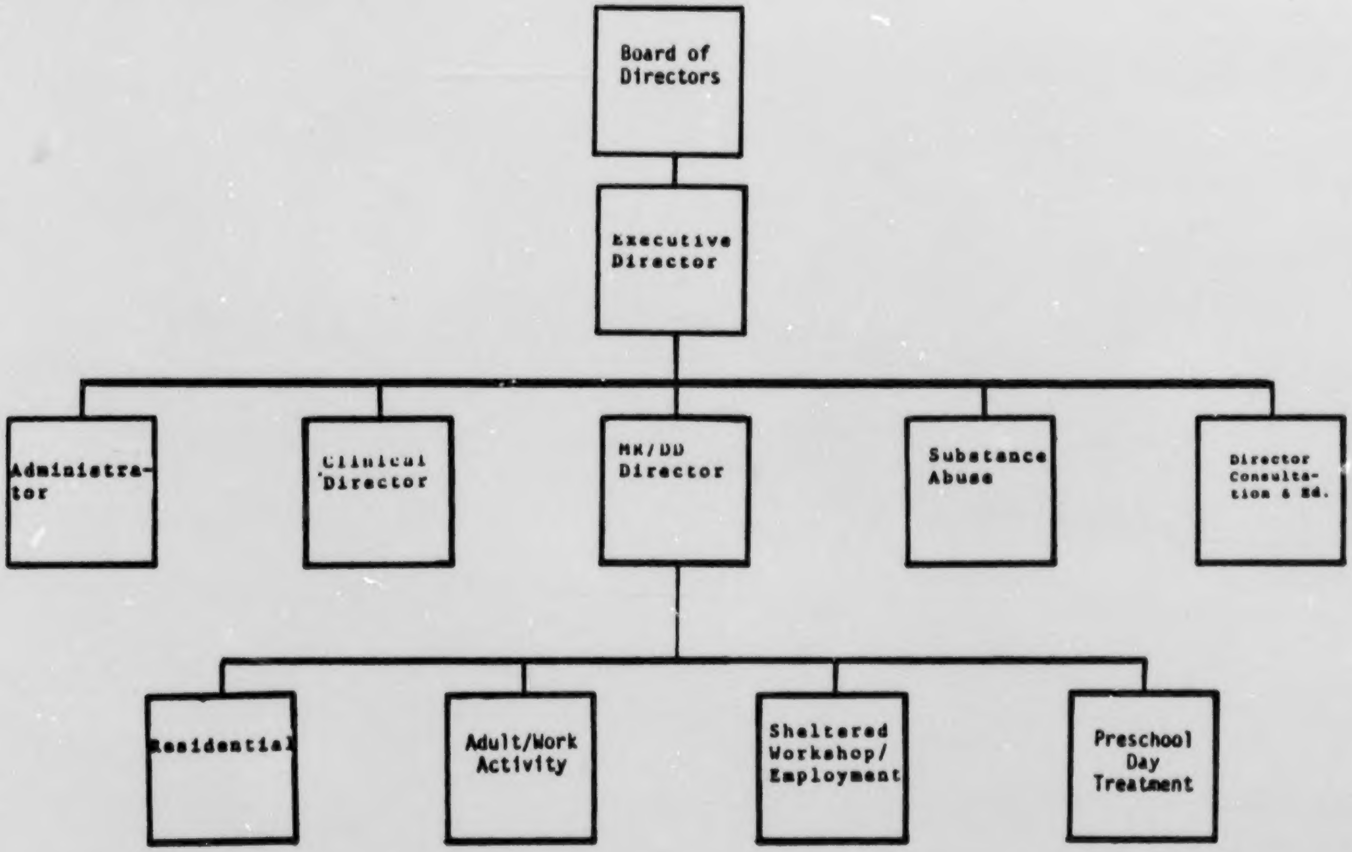
The area's population was 190,400 in 1970, but fluctuates because of the transient and retired Army personnel in the counties around Fort Knox.

Interstate 65, Bluegrass Parkway, Western Kentucky Parkway, Highways 31W, 61, and 62 all intersect in Elizabethtown, making the city a mecca for good motels.


Brandenburg
MEADE
Hardinsburg
BRECKINRIDGE
HARDIN
Elizabethtown
Bardstown
NELSON
WASHINGTON
Springfield
Lebanon
MARION
Hodgenville
LARUE
Leitchfield
GRAYSON

REGION V
NORTH CENTRAL

STRUCTURE



Board of Directors

Executive Director

- Administrator
- Clinical Director
- MR/DD Director
  - Residential
  - Adult/Work Activity
  - Sheltered Workshop/Employment
  - Preschool Day Treatment
- Substance Abuse
- Director Consultation & Ed.

May, 1981

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

▣ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◈ Work Stations in Industry

⟡ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

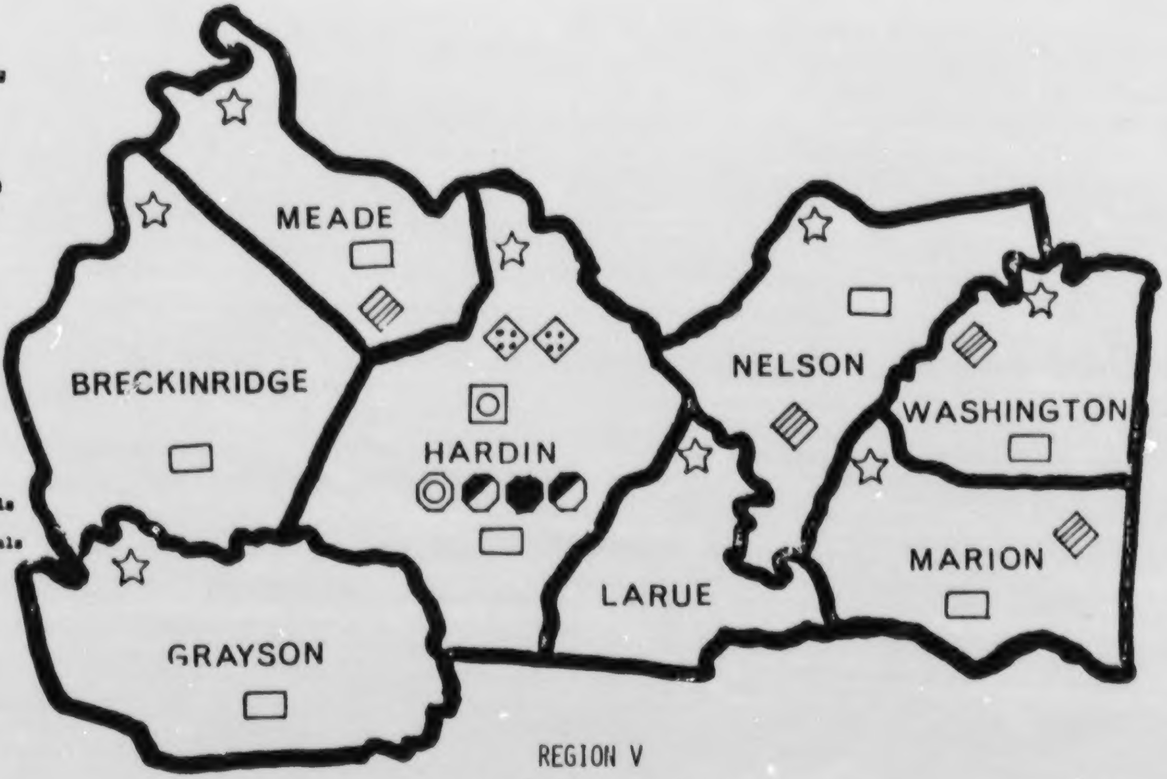
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

▢ Transportation

✖ Resource Lending Library



REGION V
NORTH CENTRAL

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Pre-School Program	Elizabethtown/Hardin	Preschool and early intervention	⧇	22
New Neighbors Program	Elizabethtown/Hardin	Residential	◎	1
Group Home	Elizabethtown/Hardin	Residential-Females	◐	8
Tom McKay Center	Bardstown/Nelson	Residential-Males	●	2
Conley House	Elizabethtown/Hardin	Supervised Apartment Living	◐	6
Sheltered Workshop	Elizabethtown/Hardin	Sheltered Workshop	⁘	74
Sheltered Workshop (Extension)	Radcliff/Hardin	Sheltered Workshop	⁘	25
Washington County Work Activity Center	Springfield/Washington	Work Activity	▨	19
Marion County Work Activity Center	Lebanon/Marion	Work Activity	▨	17
Meade County Work Activity Center	Brandenburg/Meade	Work Activity	▨	18
Nelson County Work Activity Center	Bardstown/Nelson	Work Activity	▨	35
Hardin County Outpatient Clinic	Elizabethtown/Hardin	Psychological Screening	▭	
Grayson County Outpatient Clinic	Leitchfield/Grayson	Psychological Screening	▭	
Breckinridge County Outpatient Clinic	Hardinsburg/Breckinridge	Psychological Screening	▭	
Marion County Outpatient Clinic	Lebanon/Marion	Psychological Screening	▭	
Meade County Outpatient Clinic	Brandenburg/Meade	Psychological Screening	▭	
Nelson County Outpatient Clinic	/Nelson	Psychological Screening	▭	
Washington County Outpatient Clinic	/Washington	Psychological Screening	▭	

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Breckinridge County Adult Activity Center	Hardinsburg/Breckinridge	Adult Training	▨	12
Community Action	All Counties	Transportation	⛉	200

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◈ Work Stations in Industry

⁘ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

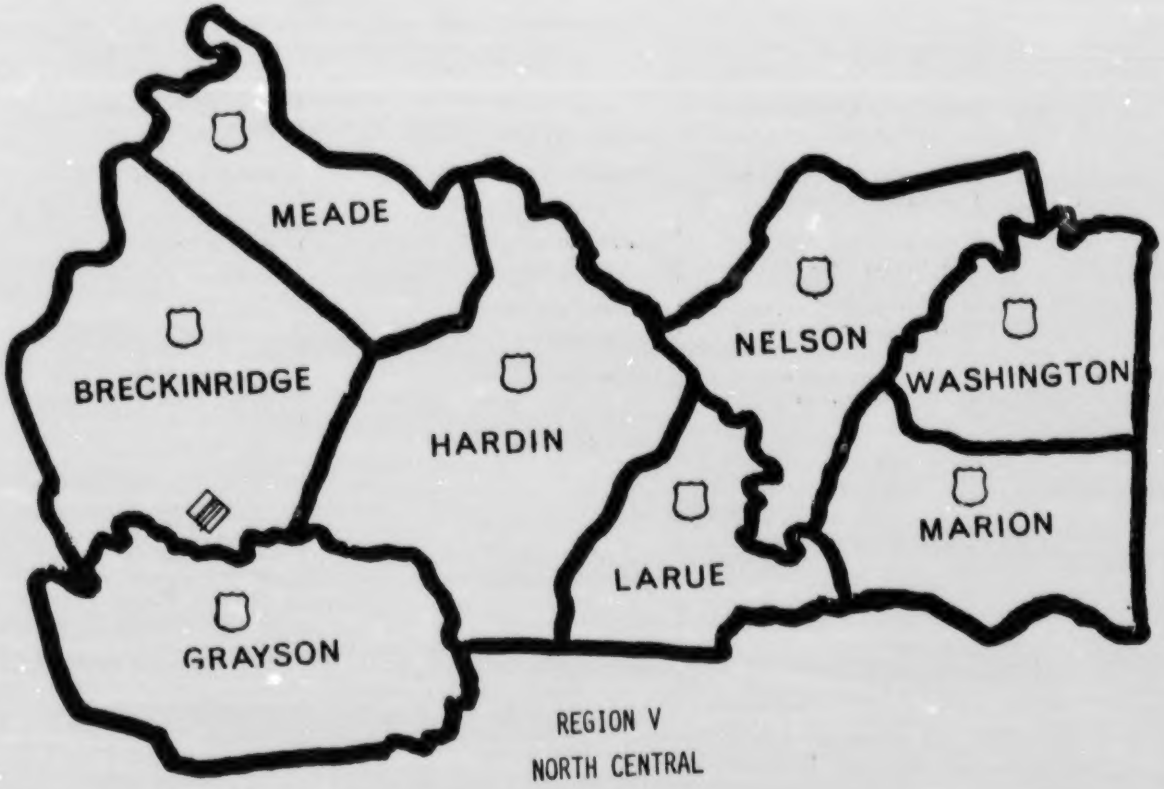
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library


MEADE
BRECKINRIDGE
HARDIN
NELSON
WASHINGTON
LARUE
MARION
GRAYSON
REGION V
NORTH CENTRAL

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ◙ Pre-school

HEALTH SERVICES

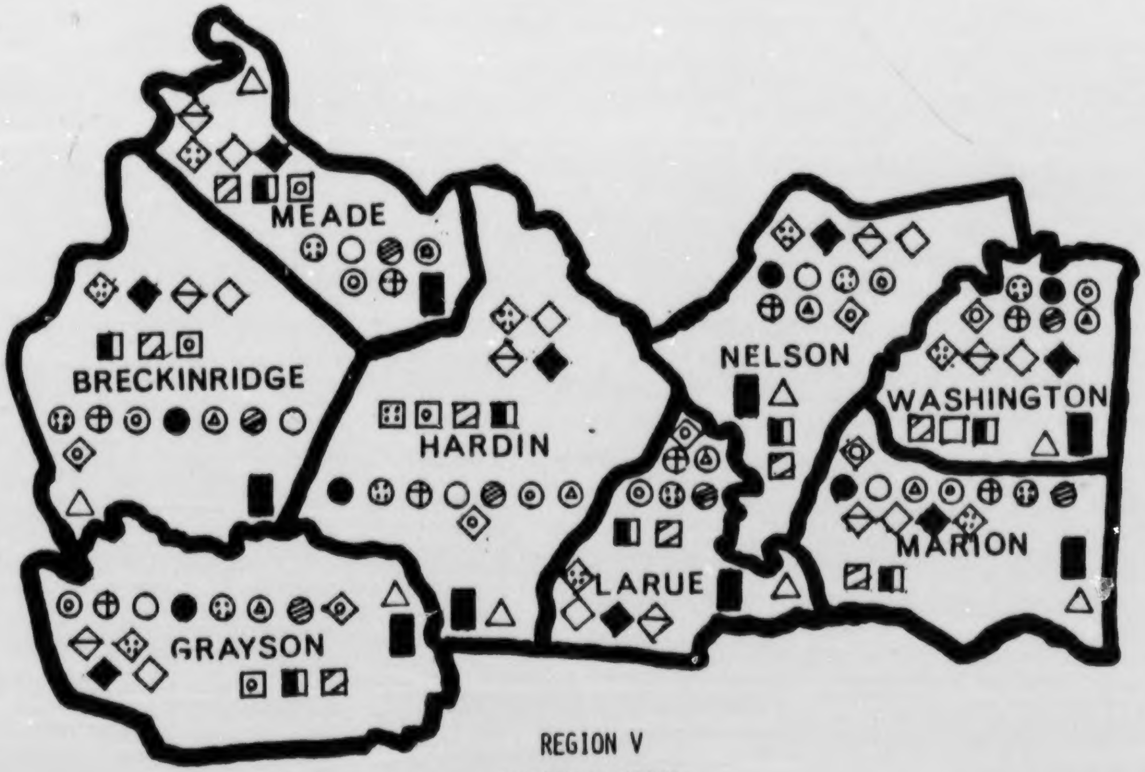
- ○ Hospital
- ◌ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⟠ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


MEADE
BRECKINRIDGE
HARDIN
NELSON
WASHINGTON
LARUE
MARION
GRAYSON

REGION V
NORTH CENTRAL

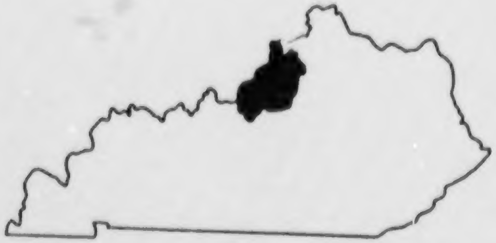
COMMUNITY RESOURCE COUNTY	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Res- cue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Em- ploy. Office	Goodwill Industries	A.R.C.			
Breckinridge			1	1	1	1	1	9	3		1	1	1	1	1	1	1	1	1	1			
Grayson			1	1	1	1	1	11	4		1	1	1	1	1	1	1	1	1	1			
Hardin		1	2	2	2	1	1	47	26		1	1	1	1	1	1	1	1	1	1			
Larue			1	1	1		1	2	3		1	1	1	1	1	1	1	1	1	1			
Marion			1	1	1	1	1	10	7		1	1	1	1	1	1	1	1	1	1			
Meade			1	1	1		1	2	11		1	1	1	1	1	1	1	1	1	1			
Nelson			2	1	1	1	1	16	17		1	1	1	1	1	1	1	1	1	1			
Washington			1	1	1		1	4	5		1	1	1	1	1	1	1	1	1	1			

REGION VI - SEVEN COUNTIES

The eight students in the carpeted, deskless classroom at Alex Kennedy Elementary School last year are very special--they were the first children with mental retardation to attend a "regular" school in Jefferson County's system.

Although there was initial fear that other students might make fun of the special class members, the opposite occurred. Third and fourth graders vied with each other by doing their own lessons well and demonstrating genuine interest in order to earn the privilege of working as "buddies" with the special students each afternoon.

Buddies play games with their new friends, helping them to perform specific work activities and to learn social skills. A buddy helped one child learn to ride a bike. Others provide



help wherever it's needed--on the stairs, if they see a child from the special class having trouble, in the cafeteria if that is where they see behavior that can be easily corrected with a suggestion.

Children must be crawling or beginning to walk, and partially able to feed themselves in order to qualify for the class according to their teacher, Lynn Sigman-Luking. Each child's educational plan is based on present performance, reinforcing strengths and improving weak areas. They work on self-help skills, habit training, balancing and developing reflexes.

A progress file is kept on each student. A child may hold a certain position for only 10 seconds, which seems minimal. But his record may show that he could hold that position only for 3 seconds a week earlier.

Both the progress of the students and their increased acceptance by others added up to a successful first year. "Most people in the school didn't even know what the word handicapped meant," Luking says, "The teachers didn't understand why I didn't have desks in the room, why I have air-conditioning and carpeting and, especially, why I have two aides. Now the teachers have seen the progress we've achieved. Basically, the progress of kids in this unit speaks for itself."

The class, a satellite of the Tully and Churchill special schools, was moved to Lowell Elementary because Alex Kennedy School has been closed.

213

DESCRIPTION

HISTORY

Seven Counties Services is a relatively new agency. It was formed less than three years ago as a result of the bankruptcy of River Region. The MR/DD services system was initiated as a result of a DDSA grant from the Division for Mental Retardation. On October 1, 1979 an MR/DD Director was hired. Prior to this grant, River Region catchment area staff assigned as specialists in MR/DD services worked within the catchment generally providing counseling and related services.

MR/DD services in the Seven Counties Region went from a catchment area program under a mental health system to a regional program under a MR/DD Director effective May 1, 1980. At that time, services for MR/DD citizens came under the auspices of the MR/DD office. Responsibility for all MR/DD affiliate contracts was assumed by the MR/DD office July 1, 1980. To provide regional mental health/mental retardation board guidance and involvement, Dr. Joe Maloney, Chairman, appointed an MR/DD Advisory Committee in December, 1979.

Prior to the development of a regional program, services for MR/DD citizens emerged in a non-coordinated fashion. Workshops were developed by several different agencies. Residential and developmental services were sponsored by various advocacy and interest groups. There was no unified approach to service development and implementation nor was there coordination among local agencies and the regional authority.

Through several evaluations and in close collaboration with local advocacy groups, continued progress is being made in developing a coordinated regional service system.

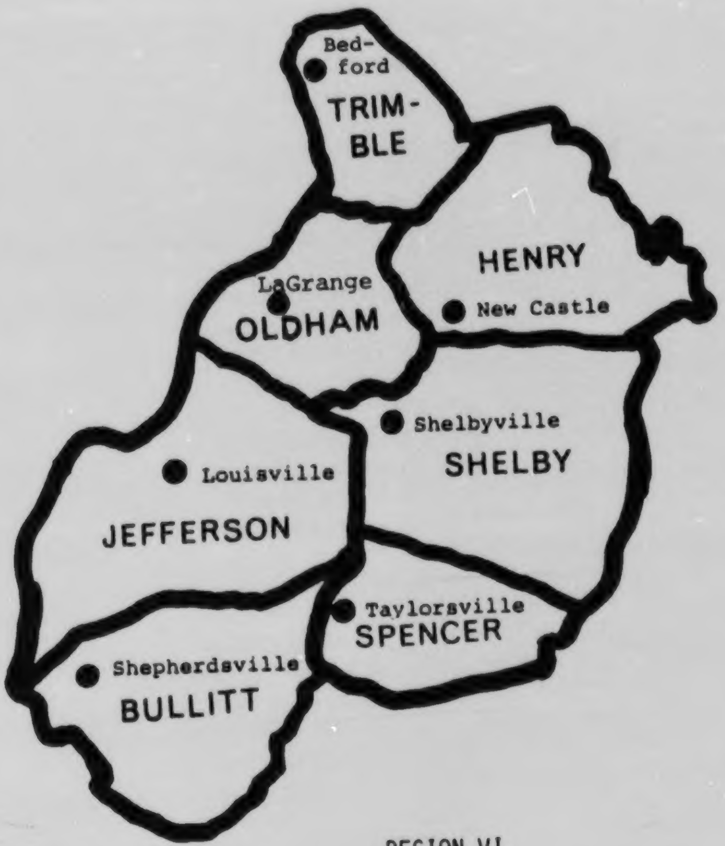
SOCIO-ECONOMIC

The Seven Counties Services Region is a mixture of urban, suburban and rural environments with thirty percent of the state's population (790,500) and its largest urban center, Louisville.

Geographically one of the smaller regions, only 1,870 square miles, Seven Counties finds service delivery reasonably manageable.

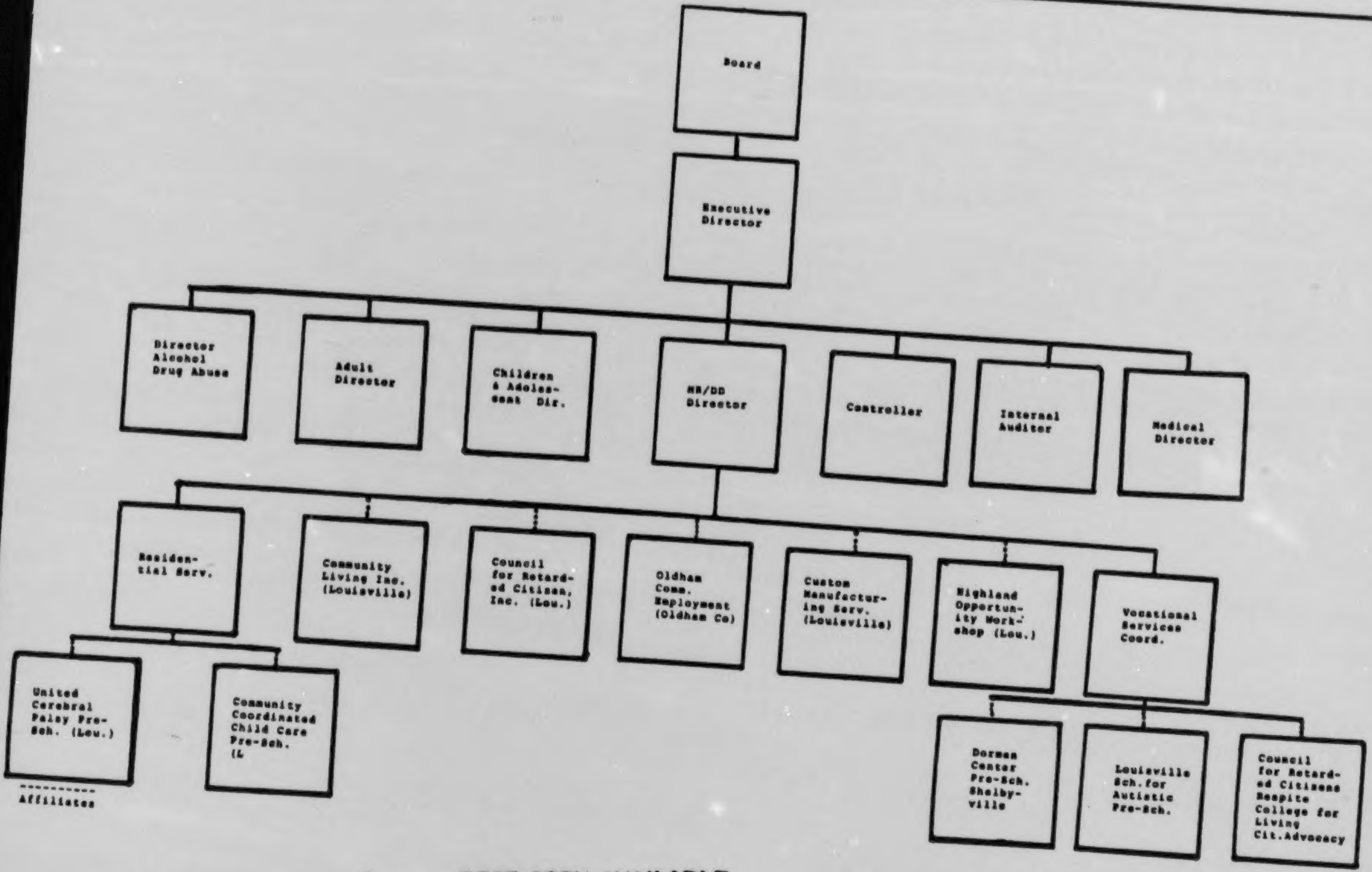
Interstates 65, 64, and 71 as well as county roads transect this region of gently rolling hills. Only Spencer County has some small mountains.

The region's economy consists of industry, farming and service opportunities. The blend of industry--Ford, G.E., International Harvester, etc. --and farming makes the region unique. However, layoffs and unemployment have affected the economy of Louisville as well as the rural counties.


Bed-
ford
TRIM-
BLE
HENRY
LaGrange
OLDHAM
New Castle
Shelbyville
SHELBY
Louisville
JEFFERSON
Taylorsville
SPENCER
Shepherdsville
BULLITT

REGION VI
SEVEN COUNTIES

STRUCTURE


Board
Executive Director
Director Alcohol Drug Abuse
Adult Director
Children & Adolescent Dir.
MR/DD Director
Controller
Internal Auditor
Medical Director
Residential Serv.
Community Living Inc. (Louisville)
Council for Retarded Citizen, Inc. (Lou.)
Oldham Comm. Employment (Oldham Co)
Custom Manufacturing Serv. (Louisville)
Highland Opportunity Workshop (Lou.)
Vocational Services Coord.
United Cerebral Palsy Pre-Sch. (Lou.)
Community Coordinated Child Care Pre-Sch. (L
Dorman Center Pre-Sch. Shelbyville
Louisville Sch. for Autistic Pre-Sch.
Council for Retarded Citizens Respite College for Living Cit. Advocacy
---------- Affiliates

May, 1981

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◈ Work Stations in Industry

⟡ Sheltered Workshops

◆ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

◊ Speech Therapy

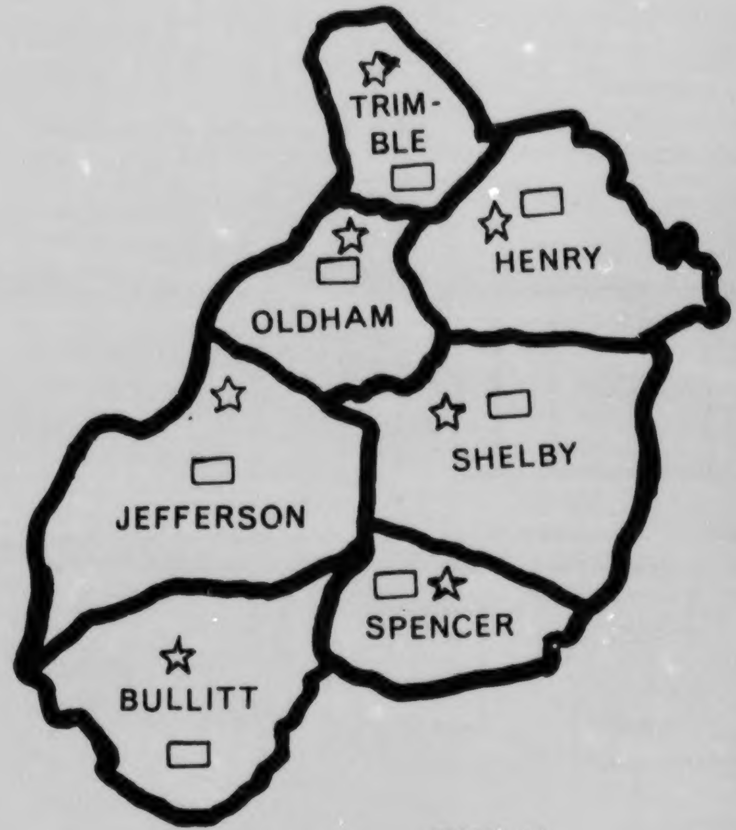
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library



REGION VI
SEVEN COUNTIES

BEST COPY AVAILABLE

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Service Coordination	Louisville/Jefferson	Case Management	☆	1076
Psychological Services	Louisville/Jefferson	Psychological Screening	▭	
Psychological Services	LaGrange/Oldham	Psychological Screening	▭	
Psychological Services	Bedford/Trimble	Psychological Screening	▭	
Psychological Services	Shelbyville/Shelby	Psychological Screening	▭	
Psychological Services	Taylorsville/Spencer	Psychological Screening	▭	
Psychological Services	Shepherdsville/Bullitt	Psychological Screening	▭	
Psychological Services	New Castle/Henry	Psychological Screening	▭	

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

- ⊡ Preschool/Early Intervention
- ⊠ In-Home Support

VOCATIONAL SERVICES

- ◇ Individual Industrial Training
- ⟠ Work Stations in Industry
- ⁘ Sheltered Workshops
- ▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

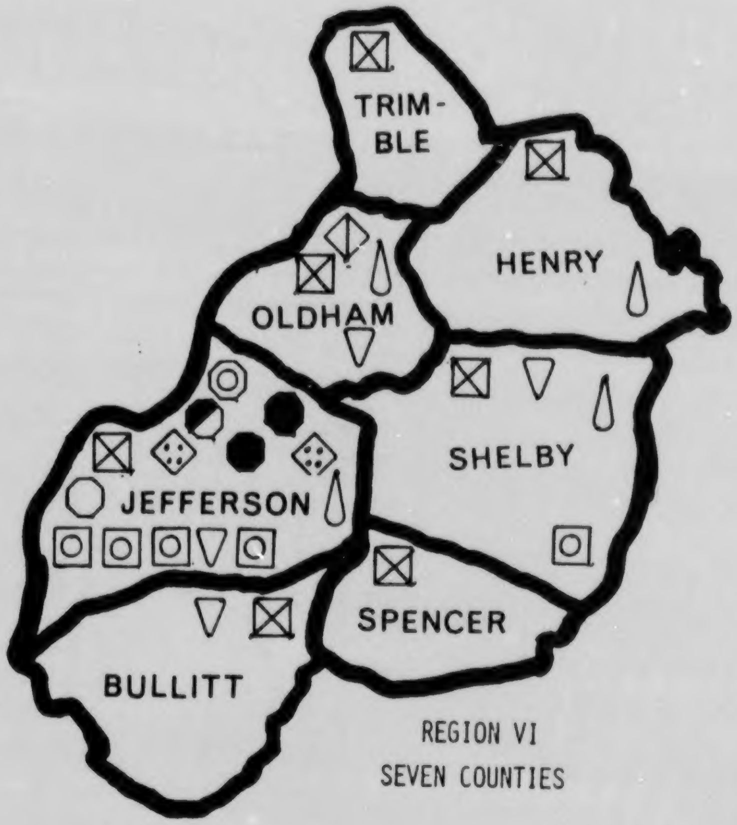
- ○ Respite Care
- ◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

- 💧 Speech Therapy
- ▭ Psychological Screening
- ▽ Physical Therapy
- ▷ Leisure Time Services
- ⛉ Transportation
- ✖ Resource Lending Library



REGION VI
SEVEN COUNTIES

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Community Living	Louisville/Jefferson	Residential - Core	◎	
		17 Alternative residential units	●	17
		2 Group Homes	◐	16
		Apartment Living	●	57
Custom Manufacturing Serv.	Louisville/Jefferson	Vocational	⁙	261
Highland Opportunity Workshop	Louisville/Jefferson	Vocational	⁙	101
Oldham County Employment	Crestwood/Oldham	Vocational	⟠	16
College for Living	Louisville/Jefferson			200
United Cerebral Palsy	Louisville/Jefferson	Preschool	⧇	22
Community Coordinated Child Care	Louisville/Jefferson	Preschool	⧇	60
Visiting Nurses Assoc.	All Counties	In-Home Support	☒	200
Friend's Preschool	Louisville/Jefferson	Preschool	⧇	6
Jefferson County Council for Retarded Citizens	Louisville/Jefferson	Respite	○	
Dorman Center	Shelbyville/Shelby	Preschool	⧇	
Private Speech Therapists	New Castle/Henry	Speech Therapy	💧	

MENTAL RETARDATION SERVICES OPERATED
THROUGH AFFILIATE AGENCIES

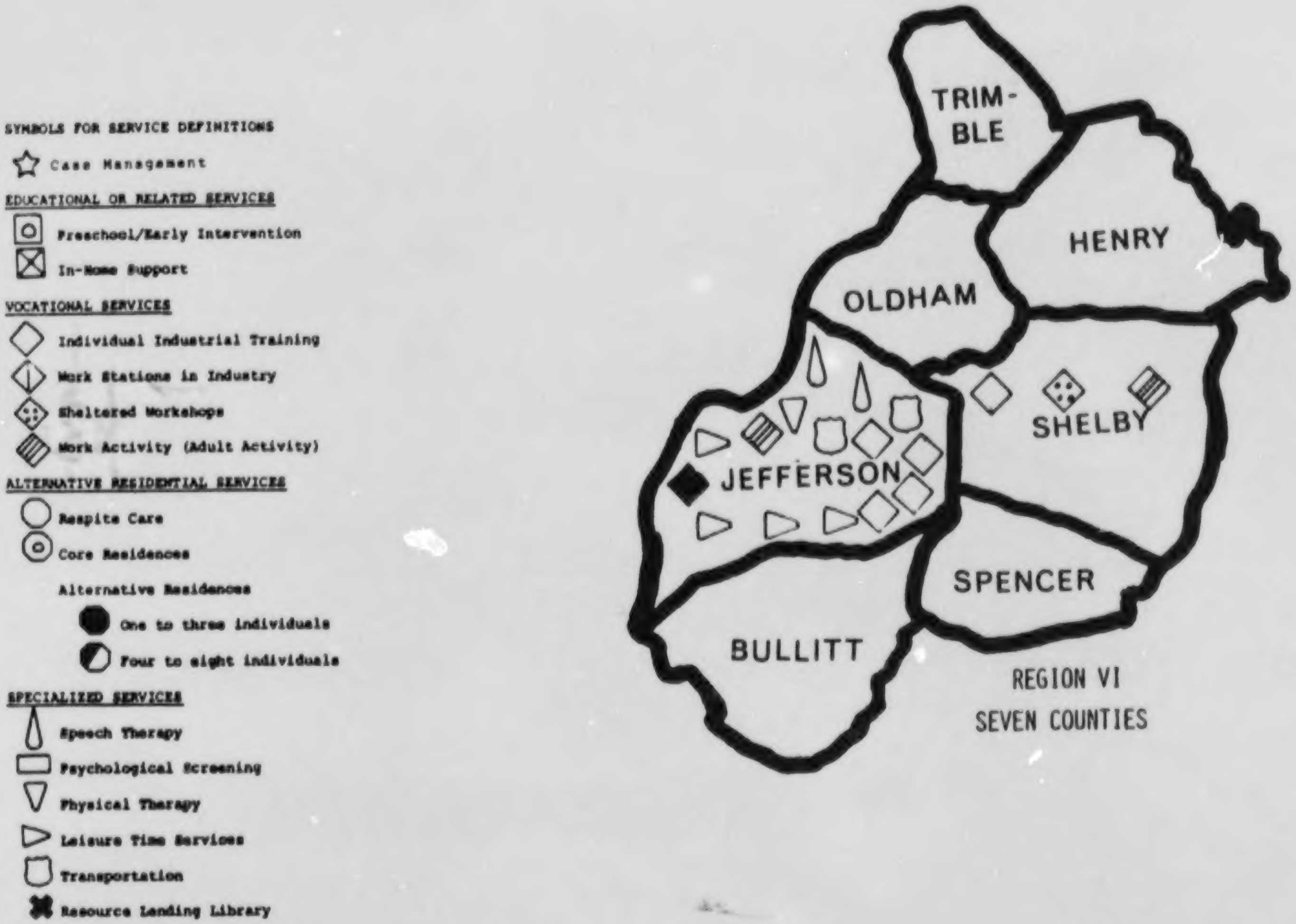
NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Private Speech Therapists	Shelbyville/Shelby	Speech Therapy	💧	
Private Speech Therapists	LaGrange/Oldham	Speech Therapy	💧	
Private Speech Therapists	Louisville/Jefferson	Speech Therapy	💧	
Private Physical Therapists	Shelbyville/Shelby	Physical Therapy	▽	
Private Physical Therapists	LaGrange/Oldham	Physical Therapy	▽	
Private Physical Therapists	Louisville/Jefferson	Physical Therapy	▽	
Private Physical Therapists	Shepherdsvill/Bullitt	Physical Therapy	▽	
Louisville School for Autistic Children	Louisville/Jefferson	Preschool	⧇	12
Ky. Easter Seal Society	Louisville/Jefferson	Leisure	▷	
Ky. Easter Seal Society	Louisville/Jefferson	Transportation	🛡	
TARC	Louisville/Jefferson	Transportation	🛡	
YMCA	Louisville/Jefferson	Recreation	▷	
YWCA	Louisville/Jefferson	Recreation	▷	
Parks Dept.	Louisville/Jefferson	Recreation	▷	
Goodwill Industries	Louisville/Jefferson	Vocational	◆	

MARCIA GARRISON AND SHARON LORRAINE MARTIN ARE TWO OF THE FIVE YOUNG WOMEN WHO PERFORM THEIR HOUSEKEEPING JOBS FOR THE LOUISVILLE INN AS MEMBERS OF A WORK STATION TEAM. SEVERAL OTHER LOUISVILLE-AREA WORK STATIONS, WHICH USUALLY EMPLOY MEN, ARE LOCATED AT VARIOUS INDUSTRIAL SITES.

226

225

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY


SYMBOLS FOR SERVICE DEFINITIONS
Case Management
EDUCATIONAL OR RELATED SERVICES
Preschool/Early Intervention
In-Home Support
VOCATIONAL SERVICES
Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
Work Activity (Adult Activity)
ALTERNATIVE RESIDENTIAL SERVICES
Respite Care
Core Residences
Alternative Residences
One to three individuals
Four to eight individuals
SPECIALIZED SERVICES
Speech Therapy
Psychological Screening
Physical Therapy
Leisure Time Services
Transportation
Resource Lending Library
TRIM-
BLE
HENRY
OLDHAM
SHELBY
JEFFERSON
SPENCER
BULLITT
REGION VI
SEVEN COUNTIES

MENTAL RETARDATION SERVICES OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Goodwill Industries of Kentucky, Inc.	Louisville/Jefferson	Vocational	◇	
Kentuckiana Center for Education, Health, & Research, Inc.	Louisville/Jefferson	Speech and Education	💧	
Ky. Industries for the Blind	Louisville/Jefferson	Vocational	◇	
Bridgehaven	Louisville/Jefferson	Vocational	◇	
Bridgehaven	Louisville/Jefferson	Vocational	▨	
Jewish Vocational Services	Louisville/Jefferson	Vocational	◇	
Dorman Vocational Training Center	Shelbyville/Shelby	Vocational	◇	
Dorman Vocational Training Center	Shelbyville/Shelby	Vocational	⁘	
Dorman Vocational Training Center	Shelbyville/Shelby	Vocational	▨	
Ky. Easter Seal Society	Louisville/Jefferson	Speech Therapy	💧	
Ky. Easter Seal Society	Louisville/Jefferson	Physical Therapy	▽	

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ⧇ Pre-school

HEALTH SERVICES

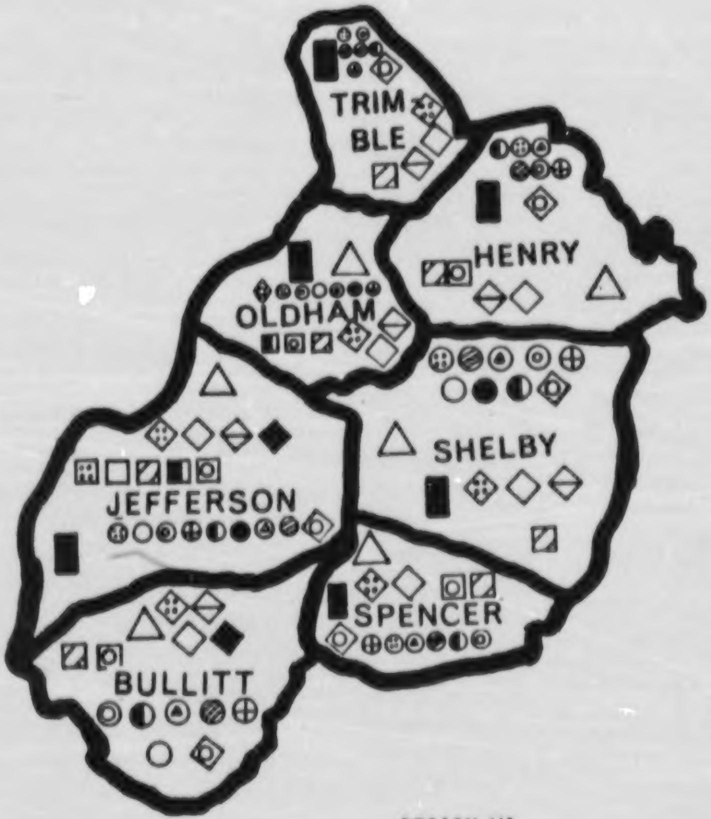
- ○ Hospital
- ⊙ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟡ CETA Office
- ⬗ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens



REGION VI
SEVEN COUNTIES

COMMUNITY RESOURCE COUNTY	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Bullitt	0	0	1	0	2	0	0	9	7	1	0	1	1	2	0	1	1	1	1	1			
Henry	0	0	1	0	4	0	4	4	5	1	0	3	1	1	1	1	0	1	0	1			
Jefferson	3	1	1	70	77	18	6	1409	489	5	4	10	24	1	1	22	5	3	1	1			
Oldham	0	0	1	3	3	1	1	6	10	0	1	1	0	1	1	1	1	1	0	1			
Shelby	0	0	1	0	0	1	1	11	7	1	1	1	1	1	1	1	1	1	0	1			
Spencer	0	0	1	0	1	0	1	1	2	1	0	1	1	1	1	0	1	0	0	1			
Trimble	0	0	1	0	0	0	1	1	2	1	0	1	1	1	1	1	1	1	0	0			

REGION VII - NORTHERN KENTUCKY

Reba Spencer shares an apartment in downtown Covington with another young woman. Every weekday she takes an early morning city bus to Boone Adult Workshop Activity Center (BAWAC) in Florence Industrial Park. Hardworking, independent and with a personality co-workers call bubbling, Reba likes to shop, listen to records, travel and visit with friends in her spare time.

Ms. Spencer lived with her mother until 1976. That year, when her mother died she moved into Wendover, a group home for young women, operated by Short/Long Term Residential Care of Northern Kentucky. So pampered had Reba been at home that she could barely dress herself when she first arrived. Now family members are pleased and amazed at how much she can do.

After 4 years at Wendover, learning to master self-help and daily living skills, to read words and some important signs, and to find her way fairly well around the neighborhood, Reba was ready for a more independent living arrangement. A former BAWAC employee, Marlene Hayes,

knew Reba and offered to share her house with her. Ms. Spencer pays room and board, and the two young women share the cooking and cleaning. The arrangement is working well. "We do some things together on weekends," Reba says, but "We both like our privacy."

When she came to BAWAC in 1973, Reba needed pre-vocational training and lots of supervision. Today, according to the workshop director, Ken Schmidt, "She really wants to work, asks to be put on jobs to keep busy and to increase her paycheck." Her work, interests and household responsibilities still allow time for bowling in a league and attending the social club activities, sponsored by Short/Long Term.

DESCRIPTION

HISTORY

In May, 1966, the Northern Kentucky MH/MR Regional Board incorporated. At that time, Riverside School was located at 430 Garrard; Our Lady of Good Counsel School operated on Sixth Street in Covington. Redwood School had been in existence for some twenty years. There were programs for individuals with mental retardation in Fort Mitchell, Newport, Highland Heights and Carrollton. There were three parent groups in Northern Kentucky: the Kenton-Campbell County Association, the Carroll County Association, and Helpers of All Retarded Children. There was little cooperative planning at this time.

The first responsibility of the staff was to write a construction grant for a Mental Retardation Center. In 1966 the grant was submitted and the Boards of Riverside and Our Lady of Good Counsel merged.

The next push was to develop preschools (programs for preschool age children) in the eight counties. Funds were secured from the Department of Mental Health to develop the preschools. Local associations also provided much needed funds. In September, 1967, preschools were opened in Grant and Carroll Counties. A second program was opened in Carroll County for adults. The Carroll County adult prevocational class later moved to the Carroll County High School. In January, 1968, a school opened in Pendleton county. The associations of these counties quickly responded to the needs of citizens with mental retardation. In October 1968, Florence developed a class unit. Another opened in Covington in September 1969. Soon Gallatin County had a preschool and finally one was begun in Owen County in October 1971.

During this period the staff of the Center submitted a grant in the name of the Kenton-Campbell Association for an adult program at Riverside. It was funded in 1969. While the construction of Riverside Good Counsel Center was underway, the Regional Board submitted another staffing grant to the federal government. The grant was funded in 1970 and provided mental retardation staff for the agency. One priority of this staff was to develop adult work activities.

In 1971, Riverside-Good Counsel (RGC) moved into its new building and Short/Long Term Residential Care (S/LTRC) was incorporated to provide needed residential services. The next year, RGC opened a group home for young women with mental retardation at a convent in Covington. In 1973, S/LTRC received a DDSA grant to develop residential care and opened a group home for young men in Ft. Thomas. When they became a Community Chest Agency and received more funds from Northern Kentucky MH/MR Board, S/LTRC assumed responsibility for both residences.

The Kenton-Campbell Association, Helpers for All Retarded Children and the Riverside-Good Counsel parent groups began to see the need for more unified efforts and merged into the Northern Kentucky Association for the Retarded (NKAR) in June, 1972. A few months later, Title I monies became available for preschools.

In 1973, Northern Kentucky Mental Health/Mental Retardation Board, Inc., opened Boone Adult Work Activity Center (BAWAC) in the Hebron School, where it operated for two years. Then the mental health/mental retardation board secured land and built a new facility in Industrial Park in Florence. The BAWAC board incorporated and became a separate agency.

Riverside-Good Counsel started the Campbell Adult Work Activity Center (CAWAC) in Ft. Thomas in 1975, incorporating several smaller adult programs, and moved to a larger facility in Newport two years later.

Gedge Memorial Work Activities opened in Pendleton County in 1975 after the ARC received the donation of a building. Later that year, the pre-vocational class at Carrollton High School was turned into a work training program, Hope Center, which later moved into a more suitable location.

During the same year, Carrollton preschools were turned over to Riverside-Good Counsel, which also began to serve children from Gallatin County. The Pendleton County school system took over the Pendleton preschool program.

By 1976, the public schools were mandated to serve all children and, in 1977, Grant County got a greenhouse work training program. In 1978, S/LTRC opened a group home for children in Ft. Wright.

SOCIO-ECONOMIC

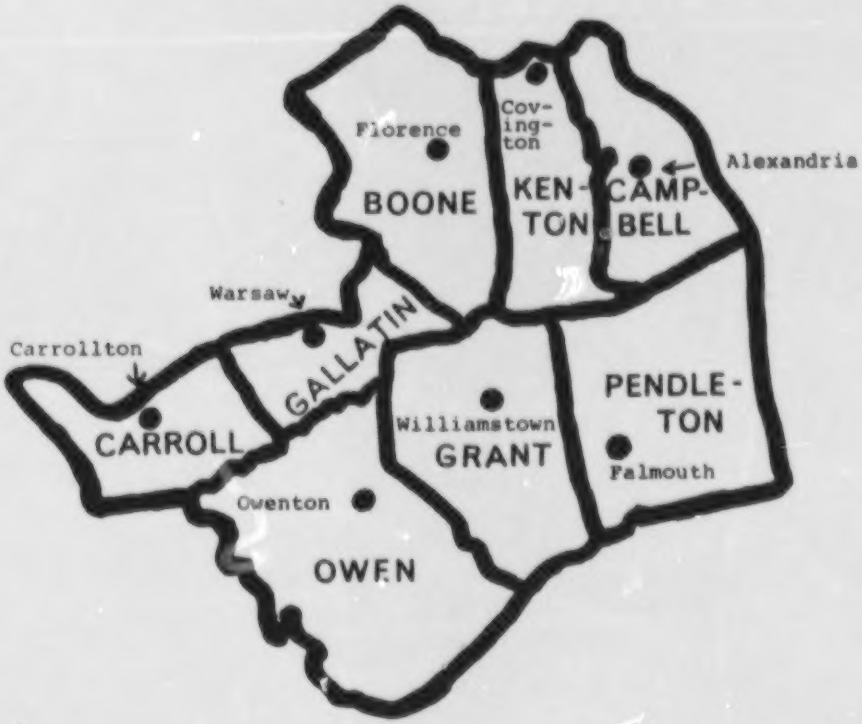
The Northern Kentucky region includes Boone, Carroll, Gallatin, Grant, Kenton, and Owen Counties in Catchment Area A and Campbell and Pendleton Counties in Catchment Area B. All but Grant and Owen counties border on the Ohio River, a location which contributes to the industrial, transportation and manpower situation as well as social and cultural development of the region.

Interstates 75 and 71 and Route 27 serve this area of 1,672 square miles, with a population of 304,700. The Greater Cincinnati Airport is located in Boone County. Northern Kentucky University is in Campbell County.

While Northern Kentucky is not a highly industrial area, its manufacturing plans include: 34 food and tobacco; 12 clothing, textile and leather; 24 lumber and furniture; 26 printing, publishing and paper.

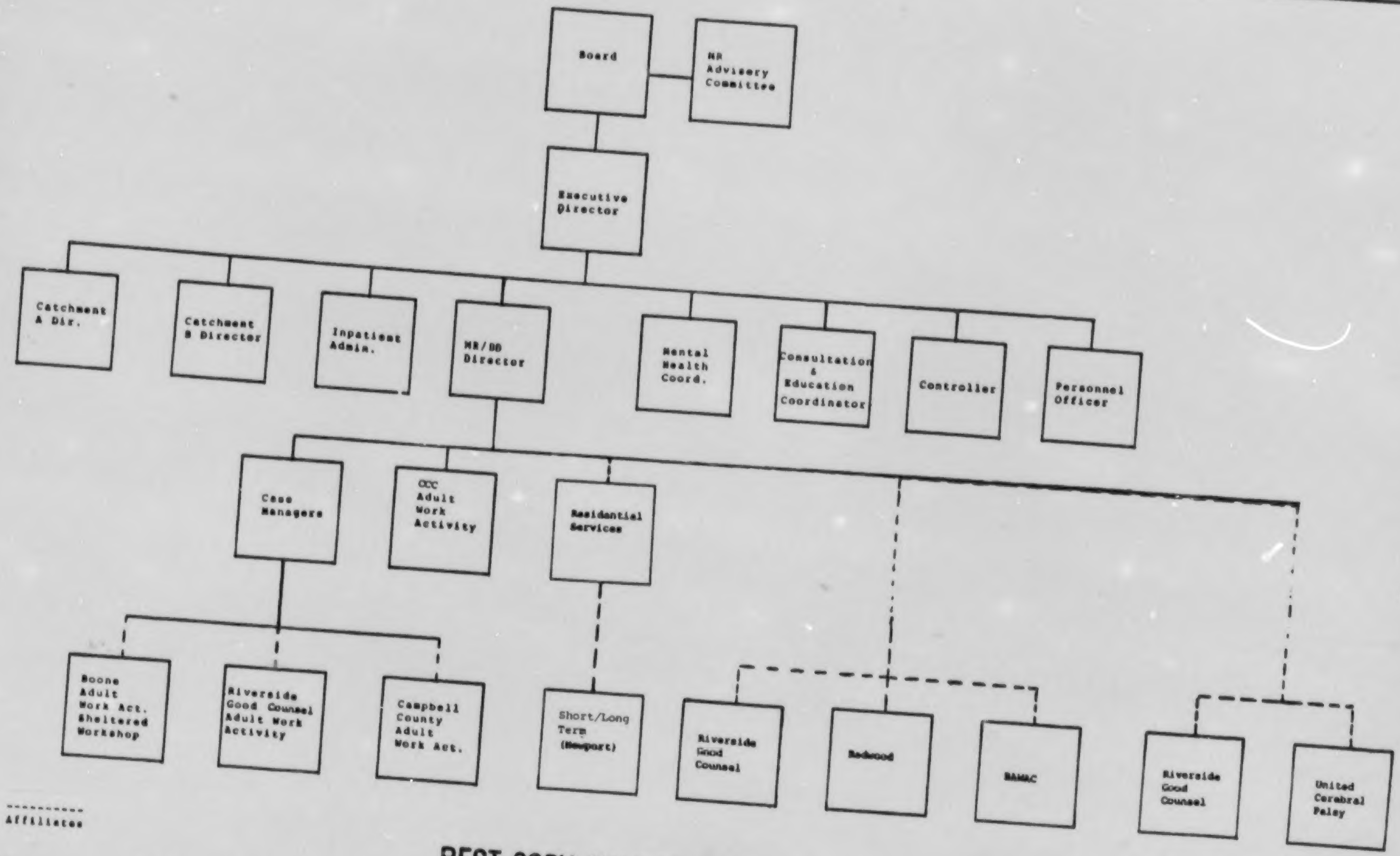
In 1969, 6,878 farms produced crops amounting to $19,190,629; forest products, $105,880, and livestock, poultry and their products, $278,914,416.

Campbell County has an Interlake Steel Plant, Palm Beach and Hyde Park clothing plants, and the Black River Mine limestone quarry. Pendleton County has the large Dr. Scholl plant employing 467 workers.


Florence
Cov-
ing-
ton
Alexandria
BOONE
KEN-
TON
CAMP-
BELL
Warsaw
Carrollton
GALLATIN
CARROLL
Williamstown
GRANT
PENDLE-
TON
Falmouth
Owenton
OWEN

REGION VII
NORTHERN KENTUCKY

STRUCTURE


Board
MR Advisory Committee
Executive Director
Catchment A Dir.
Catchment B Director
Inpatient Admin.
MR/DD Director
Mental Health Coord.
Consultation & Education Coordinator
Controller
Personnel Officer
Case Managers
CCC Adult Work Activity
Residential Services
Boone Adult Work Act. Sheltered Workshop
Riverside Good Counsel Adult Work Activity
Campbell County Adult Work Act.
Short/Long Term (Newport)
Riverside Good Counsel
Redwood
BAWAC
Riverside Good Counsel
United Cerebral Palsy
---------- Affiliates

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
M.R. Unit	All Counties	Case Management	☆	260
Gedge Work Activity Center	Falmouth/Pendleton	Work Activity	▨	14
Grant County Work Activity Center	Williamstown/Grant	Work Activity	▨	11
Carroll County Work Activity Center	Carrollton/Carroll	Work Activity	▨	12

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

◊ Speech Therapy

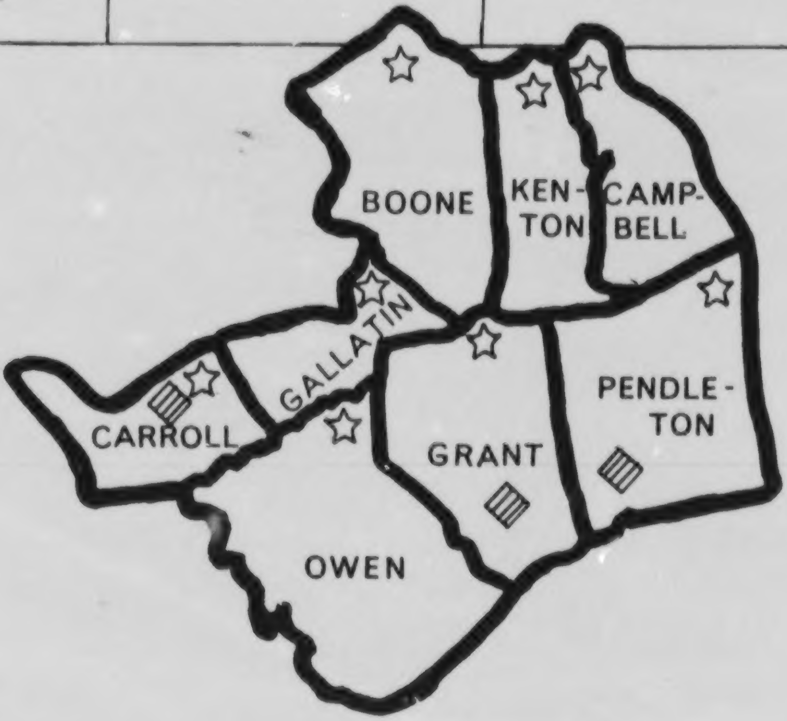
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⬡ Transportation

✖ Resource Lending Library



REGION VII
NORTHERN KENTUCKY

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

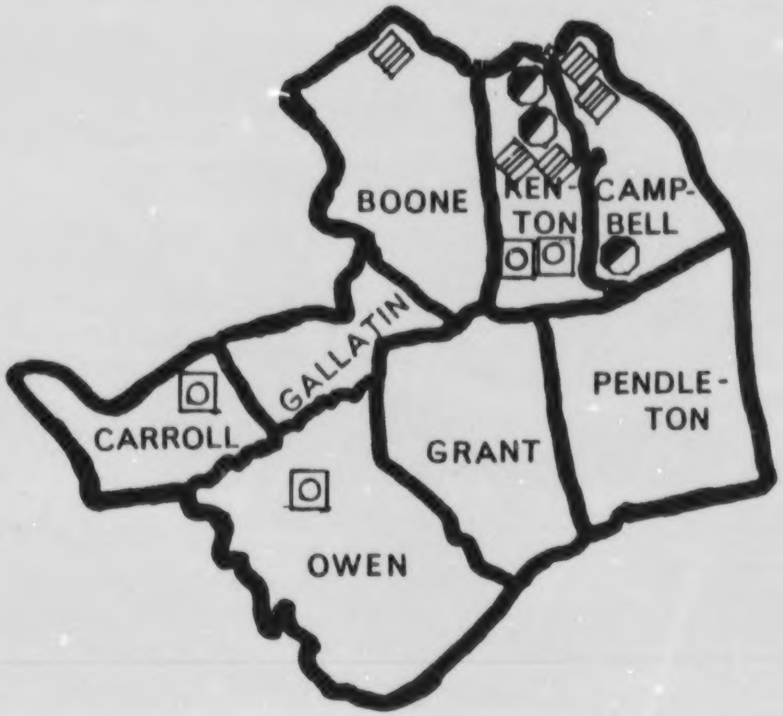
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⬡ Transportation

✖ Resource Lending Library



REGION VII
NORTHERN KENTUCKY

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Short /Long Term Residential Care	Covington/Kenton	Group Home - Females	◐	5
Short /Long Term Residential Care	Ft. Thomas/Campbell	Group Home - Males	◐	5
Short /Long Term Residential Care	Covington/Kenton	Children's Group Home	◐	5
Boone Adult Work Activity Center	Florence/Boone	Sheltered Work Activity	▨	100
Redwood School and Rehabilitation Center	Ft. Mitchell/Kenton	Preschool	⧇	10
Redwood School and Rehabilitation Center	Ft. Mitchell/Kenton	Work Activity	▨	25
Riverside-Good Counsel Center	Bellevue/Campbell	Work Activity	▨	9
Riverside-Good Counsel Center	Wilder/Campbell	Work Activity	▨	51
Riverside-Good Counsel Center	Covington/Kenton	Work Activity	▨	30
Riverside-Good Counsel Center	Ft. Mitchell/Kenton	Preschool	⧇	8
Riverside-Good Counsel Center	Owenton/Owen	Preschool	⧇	8
Riverside-Good Counsel Center	Carrollton/Carroll	Preschool	⧇	8

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Northern Ky. Easter Seal Center	Covington/Kenton	Speech Therapy	💧	750
Northern Ky. Transit	Florence/Boone	Transportation	🛡	

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

- ⊡ Preschool/Early Intervention
- ☒ In-Home Support

VOCATIONAL SERVICES

- ◇ Individual Industrial Training
- ◈ Work Stations in Industry
- ⁘ Sheltered Workshops
- ▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

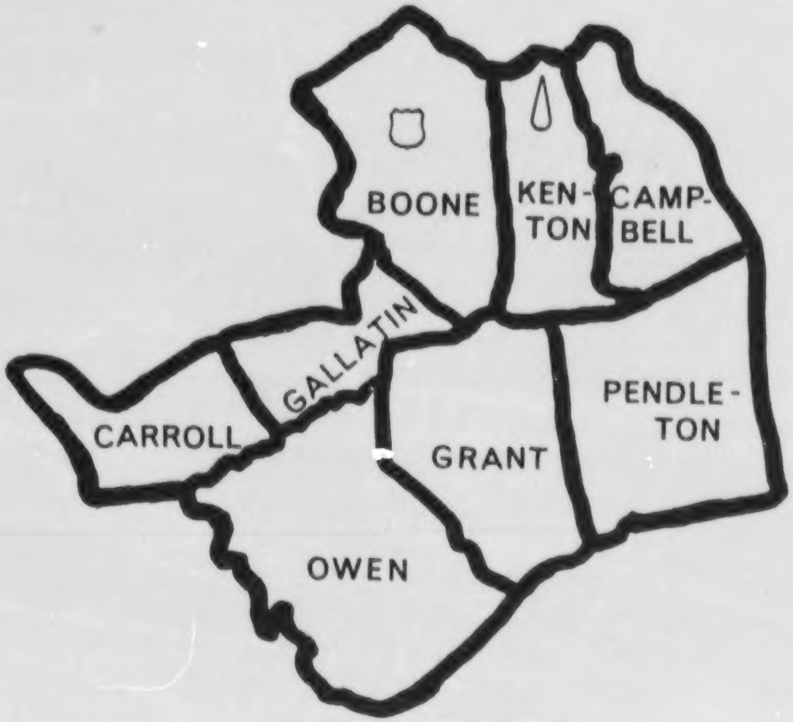
- ○ Respite Care
- ◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

- 💧 Speech Therapy
- ▭ Psychological Screening
- ▽ Physical Therapy
- ▷ Leisure Time Services
- 🛡 Transportation
- ✖ Resource Lending Library



REGION VII
NORTHERN KENTUCKY

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ⧄ Public School Dist.
- ◧ Private School
- ▣ Pre-school

HEALTH SERVICES

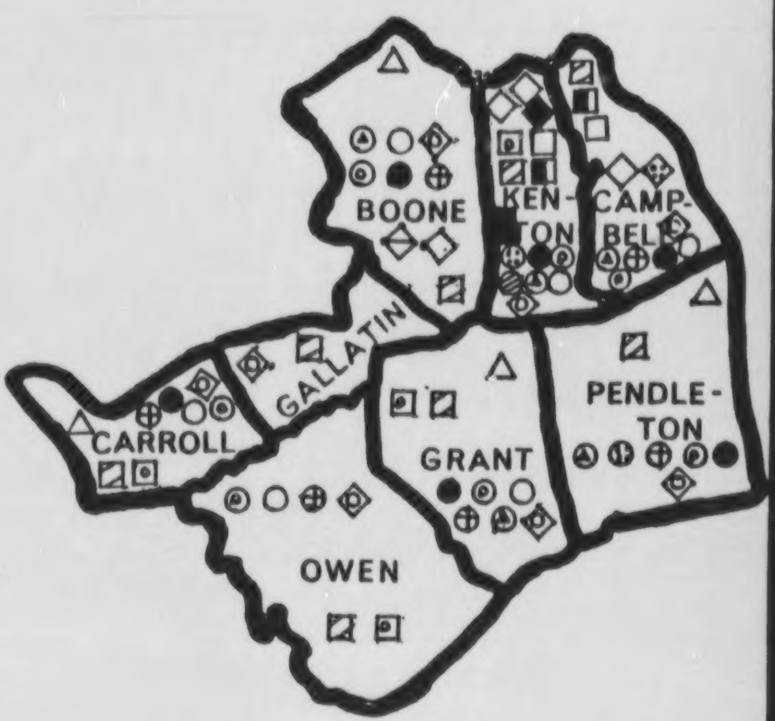
- ○ Hospital
- ◌ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ◍ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ❖ CETA Office
- ⟠ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


BOONE
KEN-TON
CAMP-BELL
GALLATIN
CARROLL
GRANT
PENDLE-TON
OWEN

REGION VII
NORTHERN KENTUCKY

COUNTY COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Boone	0	0	2	2	0	1	0	17	19	0	1	1	0	1	0	1	0	0	0	1			
Campbell	1	0	6	8	0	1	0	23	30	0	2	1	0	1	0	1	0	0	0	0			
Carroll	0	0	1	0	1	1	0	7	3	0	1	1	0	1	0	0	0	0	0	1			
Gallatin	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0			
Grant	0	0	2	0	1	1	0	4	1	0	1	1	0	1	0	0	0	0	0	1			
Kenton	1	0	6	12	3	2	1	44	40	0	3	1	1	1	1	0	1	1	1	1			
Owen	0	0	1	0	1	1	0	2	2	0	0	1	0	1	0	0	0	0	0	0			
Pendleton	0	0	1	0	0	0	2	2	2	0	1	3	0	1	PT	PT	PT	PT	0	1			

REGION VIII - COMPREHEND

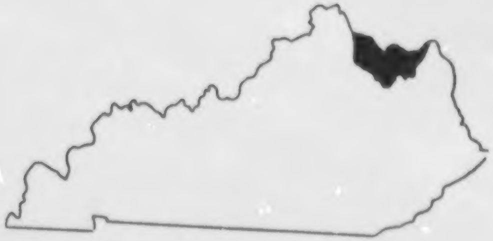
Jesse Applegate's social and educational experiences in school were very limited. Nobody expected or did much with him. He was identified early as mentally retarded.

At 28, Jesse is ambitious, responsible and capable. He has taken vocational and academic training for six years at Comprehend. During the last year, he has learned to read and to write at third-grade level by the Lauback method. He can manage his own money, use the bank, write checks and understands the difference between his net and gross incomes.

Applegate holds down two jobs. The only person in Comprehend's training program who works at their recycling center, he makes minimum wage sorting metal and weighing newspapers. He is also in charge of maintenance and janitorial work at Maysville's downtown movie theatre, a job he prepared for in a Comprehend vocational course and by working closely with the Comprehend janitor.

While he appreciates the value of his current work experience, Jesse is preparing for the future. He is studying for the driver's license test and learning how to apply for a job. As an animal lover, he has worked at the local animal shelter, which once was located close to the Comprehend center. He hopes one day to get into veterinary work, "where I'm comfortable and know I'm the best at whatever I do." Jesse puts it, "You can't always have everything you want when you want it, but you can sure work on it."

251



252

DESCRIPTION

HISTORY

Comprehend, was incorporated in 1967 as a result of the efforts of community members, notably Mrs. Harriet Cartmell, and hired its first staff in 1969. Until 1971 no mental retardation/developmental disabilities services were provided, with the exception of very limited parent counseling or assistance for institutional care. In March of 1971, a coordinator of mental retardation services was employed. By September of 1971, four day training (later called developmental training programs) centers were operating in Mason, Fleming, Bracken and Lewis Counties and serving children ages 4-16 who were not being served by the public schools. (There was only one public school TMR unit in the five counties at that time).

Nineteen hundred and seventy-two saw the development of four adult training programs and the initiation of a summer day-camp which made extensive use of volunteers, which operated for four years. For four summers, starting in 1973, college students worked with developmental center trainees in a tutorial and recreation program funded by Title I.

A DDSA grant in 1973 introduced speech therapy services into the MR/DD programs. Currently one certified speech therapist is on staff providing limited services to the early childhood program.

In 1975 the adult training programs were certified as work activity centers and began to shift focus to pre-vocational and vocational skill training, while maintaining an independent living skill component. A variety of subcontracts and prime manufacturing projects have ensued, but the limited industry in the area and the lack of capital to engage in full scale manufacturing have been barriers to the development of a comprehensive work training program.

In 1976, with the advent of P.L. 94-142, the children served by the developmental training programs were transferred into the public schools and the programs were closed. (Funds which had been allocated for these services were shifted to mental health to make up the loss of the NIMH staffing grant).

In 1978, Comprehend began its first venture into residential services with a pilot program to modify the existing family care system to appropriately serve adults with mental retardation. This resulted in the community training home program which recruits, screens, trains and monitors private homes to provide family living arrangements for adults. Comprehend opened a group home in April, 1980, initiated a case management service and a home-based infant stimulation/early childhood program, and expanded vocational training and placement services.

A community-based Foster Grandparent Program was started which placed 15 senior citizens in public school special education classes, Headstart and private homes. Comprehend has sponsored Vista Volunteers for three years, using their skills to develop parent and community support, do public education, and supervise activities aimed at increasing the integration of people with mental retardation into the mainstream of the community. Additional activities over the years have included publication of a newsletter; parent and public education and training programs; provision of internships for psychologists, social workers and nurses; and advocacy efforts.

In 1972, the MR/DD director organized a developmental disabilities task force of parents, professionals and interested citizens. Their comprehensive needs survey provided data for a DDSA grant to fund speech therapy services, and to start a citizen advocacy program, Exceptional Friends. This group has reorganized several times over the years, and is now the Council for Handicapped Citizens of Mason County, a KARC affiliate. The group's activities have included eight annual walks (which raised more than $25,000), public forums and educational workshops. Currently, a parent group organizing in Fleming County also plans to affiliate with KARC.

SOCIO-ECONOMIC

The Comprehend Service area includes Bracken, Fleming, Lewis, Mason, and Robertson Counties, and comprises a total land area of 1,379 square miles, 79% of which is in farm land. The region is located at the northwest periphery of Appalachia along the Ohio River in Northwest Kentucky.

The central part of the region has rolling hills. The eastern part of the region is quite rugged, and is suitable only for timberland. There are many small rivers and creeks in the area, but none of major importance other than a branch of the Licking River, which runs along the southern border of the region.

The 1980 population of 52,700 represents an increase over 1970 but a large decrease since 1960, continuing the trend toward population decline evident since 1940.

Statistics on population loss by age group indicates that approximately 76% of the loss occurs among the younger age group - 15-34. That this is also the primary child-bearing age group further contributes to the overall decline of the region's population.

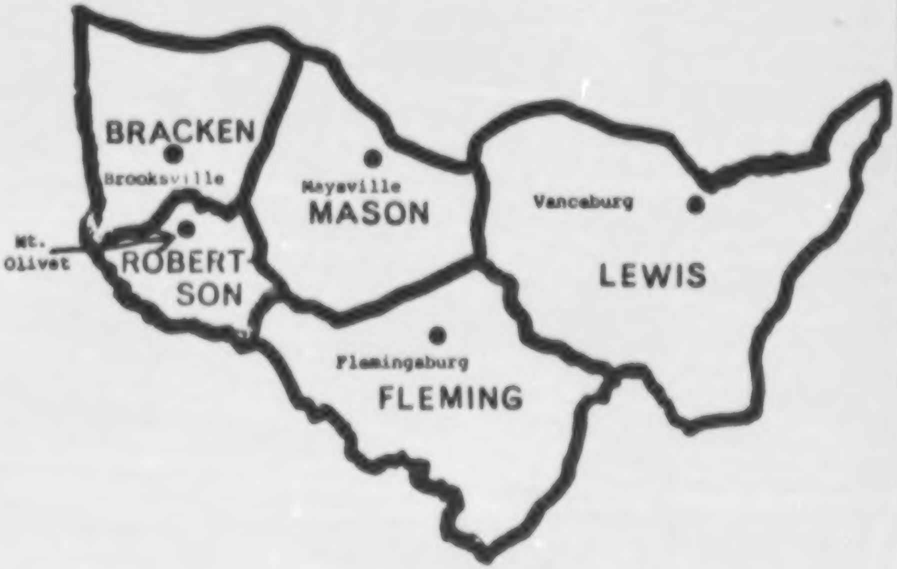
This population decrease reflects general rural decline and tends to be a prevailing characteristic of the Appalachian area.

In only one of the region's five counties is the per-capita income as much as 75% of the per-capita nationally. The percentage of families in the region living below the poverty level is twice the national percentage. This impoverishment is reflected in the size, age and condition of the housing.

These conditions are also reflected in the percentage of the agency's clientele whose incomes fall below $3,000 annually. During the fiscal year 1979-80, 56.9% of the center's clients reported family incomes below $3,000. Fully 69% of the clients seen during this period had family incomes of less than

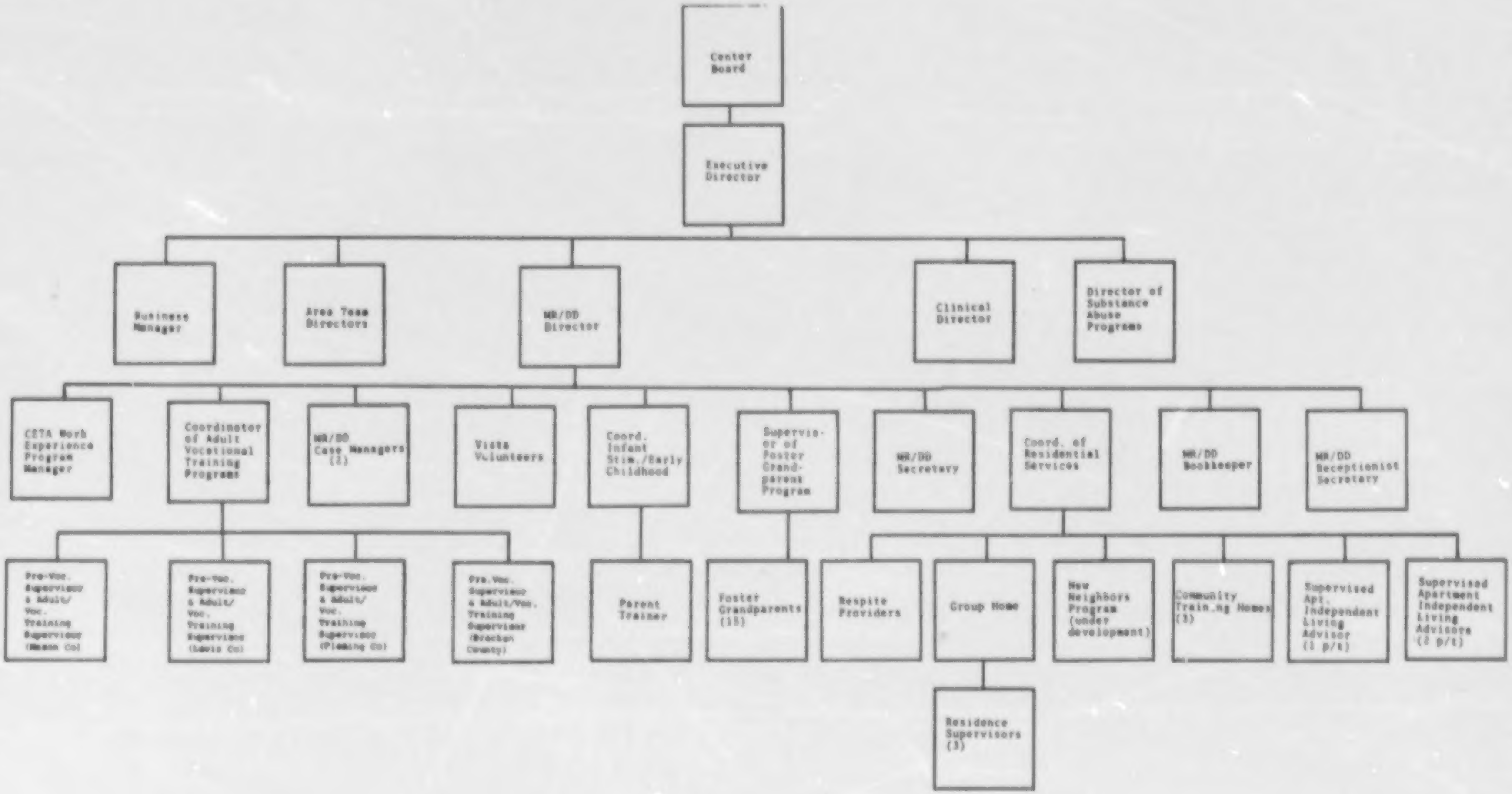
$5,000 per annum. A contributing factor may be that more than a quarter of the area's adult population have not completed eight years of formal education.

Farming is the major industry of the area; tobacco is the basic cash crop. The largest manufacturing industry is Browning Manufacturing in Maysville where a cotton mill, bicycle manufacturing plant and a can factory also operate. Major plants have closed in the last year as a result of the declining economic conditions. There is little industry in the four outlying counties.


BRACKEN
Brooksville
Maysville
MASON
Vanceburg
LEWIS
Mt. Olivet
ROBERTSON
Flemingsburg
FLEMING

REGION VIII
COMPREHEND

STRUCTURE


Center Board
Executive Director
Business Manager
Area Team Directors
MR/DD Director
Clinical Director
Director of Substance Abuse Programs
CETA Work Experience Program Manager
Coordinator of Adult Vocational Training Programs
MR/DD Case Managers (2)
Vista Volunteers
Coord. Infant Stim./Early Childhood
Supervisor of Foster Grandparent Program
MR/DD Secretary
Coord. of Residential Services
MR/DD Bookkeeper
MR/DD Receptionist Secretary
Pre-Voc. Supervisor & Adult/Voc. Training Supervisor (Mason Co)
Pre-Voc. Supervisor & Adult/Voc. Training Supervisor (Lewis Co)
Pre-Voc. Supervisor & Adult/Voc. Training Supervisor (Fleming Co)
Pre.Voc. Supervisor & Adult/Voc. Training Supervisor (Bracken County)
Parent Trainer
Foster Grandparents (15)
Respite Providers
Group Home
New Neighbors Program (under development)
Community Training Homes (3)
Supervised Apt. Independent Living Advisor (1 p/t)
Supervised Apartment Independent Living Advisors (2 p/t)
Residence Supervisors (3)

May, 1981

BEST COPY AVAILABLE

RECREATION AND LEISURE PROGRAMS
PROVIDED BY COMPREHEND, INC.

260

261

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

◙ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◈ Work Stations in Industry

❖ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

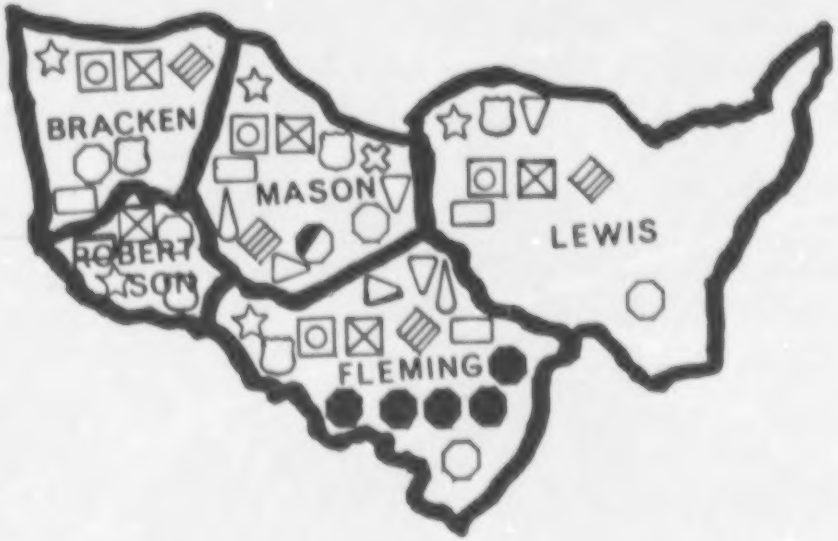
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library



REGION VIII
COMPREHEND

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management		76
Infant Stimulation/ Early Childhood Program	Private Homes/Mason, Bracken, Fleming, Lewis, Robertson	Preschool/Early Intervention		22
In-Home Support	Private Homes/Mason, Bracken, Fleming, Lewis, Robertson	In-Home Intervention		2
Mason County Adult/Work Training Program	Maysville/Mason	Work Training		16
Fleming County Adult/ Work Training Program	Flemingsburg/Fleming	Work Training		13
Bracken County Adult/ Work Training Program	Brooksville/Bracken	Work Training		9
Lewis County Adult/ Work Training Program	Vanceburg/Lewis	Work Training		8
Group Home	Maysville/Mason	Residential		2
Community Training Home	Flemingsburg/Fleming	Residential		1
Community Training Home	Ewing/Fleming	Residential		1
Community Training Home	Flemingsburg/Fleming	Residential		1
Community Training Home	Hillsboro/Fleming	Residential		1
Supervised Apartment	Flemingsburg/Fleming	Residential		2
Respite	All Counties	Scheduled & Crisis temporary residential care		7
Transportation	All Counties	Transportation		46
Psychological Services	All Counties	Psychological Screening		
Speech	Flemingsburg/Fleming, Maysville/Mason	Speech Therapy		
Resource Lending Library	Maysville/Mason	Resource Lending Library		
Physical Therapy	Maysville/Mason, Flemingsburg/Fleming, Vanceburg/Lewis	Physical Therapy		
Leisure Time Service	Maysville/Mason	Leisure/Recreation		

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ▣ Pre-school

HEALTH SERVICES

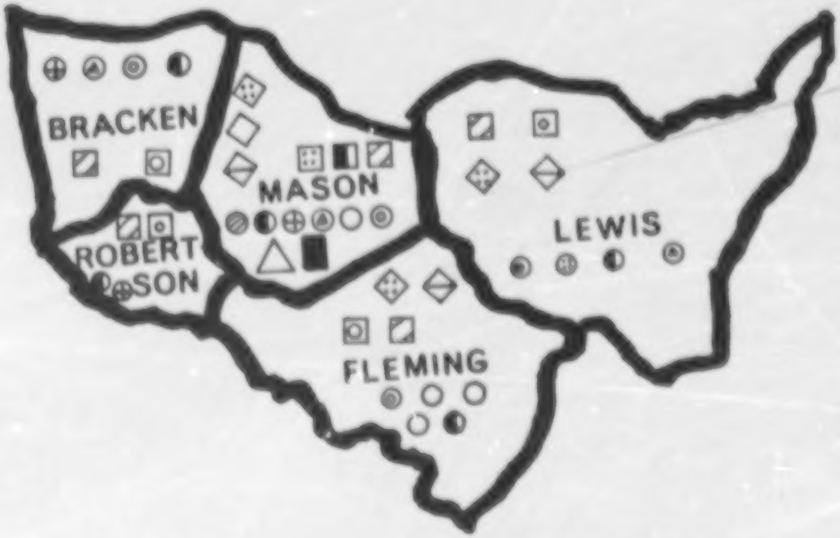
- ○ Hospital
- ◌ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟡ CETA Office
- ⬖ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens



REGION VIII
COMPREHEND

COMMUNITY RESOURCE COUNTY	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Bracken			2	1	1			2	3		1	3	1 p/t	1/	0/pt	0	p/t	p/t		0			
Fleming			1		4	1		5	2		1	5	1 p/t	1/1	0/pt	0	1	1		0			
Lewis			2		2		1	2	1		1	2	1 p/t	1/	0/pt	0	1	1		0			
Mason		1	2	1	5	1		17	8		1	1	1 p/t	1/1	1	1	1	1		1			
Robertson			1		1			0	1		1	0	1 p/t	1/	0/pt	0	p/t	p/t		0			

(Headstart = 11 Pre-School=1 Day Care= 1)

VOCATIONAL TRAINING THROUGH
THE COMPREHEND, INC. PROGRAM

REGION IX - CAVE RUN

"I'm against any kind of abuse and I feel it's common for people with disabilities to become victims of abuse," asserts Tom Crouch, a member of the Kentucky Developmental Disabilities Planning Council since 1979. "I like to seek help for people like myself."

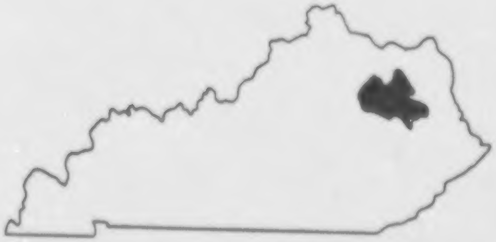
Mr. Crouch, 30, who is blind and has mild mental retardation, attended the Kentucky School for the Blind in Louisville. When his mother died in 1972 he was a boarder in many homes in and around Morehead and Frenchburg. Often, operators of these homes took advantage of him or treated him like a child. One tried to keep some of his money, which was hard for Crouch to prove. But he stood up for his rights.

When the same operator tried to keep him from getting to the DD Council meetings, Tom had had enough. He enlisted the help of the MR/DD worker in his area, who recommended that he move to Ashland where there was a training program for adults with mental retardation.

Encouraged by this training and the better treatment he gets in his new home, Crouch has learned to sign his name, count his money and do some cooking. With the help of a special cane, he manages to ride a bus, bowl, play ball and get to swimming lessons at the YMCA.

When Crouch speaks to the KDDPC about the problems facing Kentuckians with mental retardation/developmental disabilities, he speaks from experience and from his heart. He obviously means what he says when he talks about serving on the council: "I really enjoy meeting a lot of people and helping make things better for people like myself."

268



269

DESCRIPTION

HISTORY

The Cave Run Regional MH/MR Board was incorporated in 1967 to provide services to Bath, Menifee, Montgomery, Morgan and Rowan Counties.

Cave Run's doors opened September 1, 1969, with a mental retardation director employed September 10. Adult activity programs began in 1972, initiated first in Morgan County.

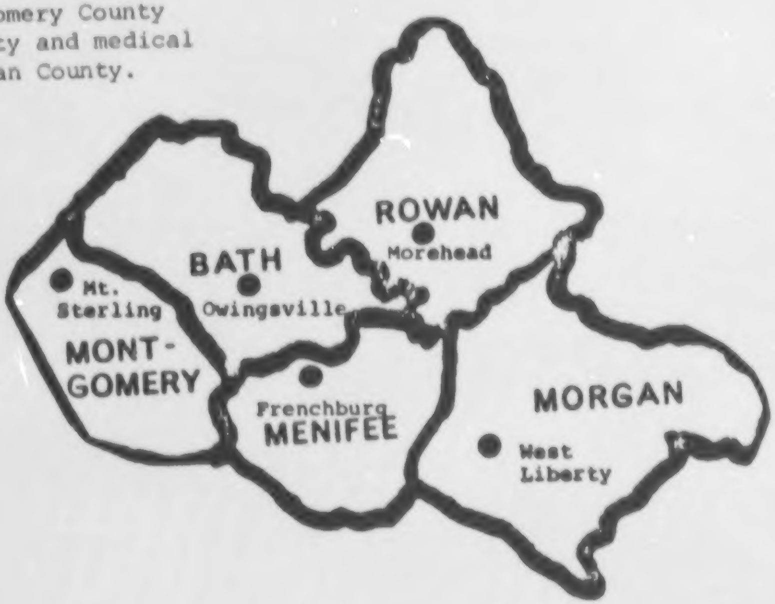
Through the efforts of a 200-member MH/MR Association in Morgan County, a school was operated prior to the establishment of the Cave Run Regional Board. The school, Morgan Tech, was later operated by Cave Run Regional Board until it became included in the school system.

A school for children and a summer camp program, operated by Rowan County ARC before the Cave Run Regional Board opened, were absorbed by the board.

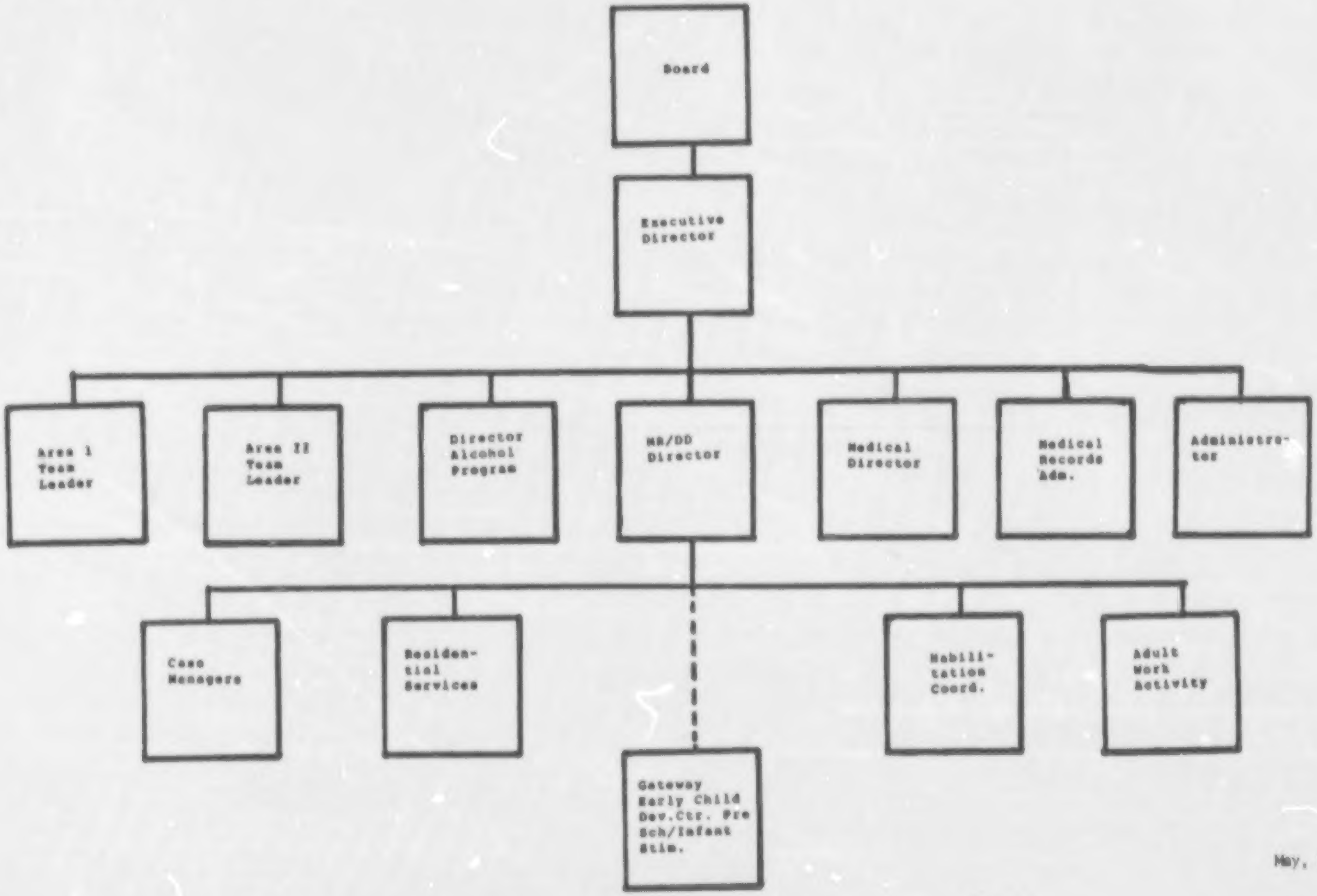
SOCIO-ECONOMIC

Cave Run is a predominately rural region of 1,360 square miles, with large portions of land area in farmland. The average size farm constitutes 117 acres, making 65% of the region's land agricultural. Large national forest and lake/recreation area make up most of the remaining non-urban area. The population is 60,900.

Morgan County provides a nominal amount of mining production and employment. There is an industrial park under development in Montgomery County and major university and medical communities in Rowan County.



STRUCTURE


Board

Executive Director

Area I Team Leader

Area II Team Leader

Director Alcohol Program

MR/DD Director

Medical Director

Medical Records Adm.

Administrator

Case Managers

Residential Services

Gateway Early Child Dev.Ctr. Pre Sch/Infant Stim.

Habilitation Coord.

Adult Work Activity

May, 1981

---------- Affiliates

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

◙ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

▭ Psychological Screening

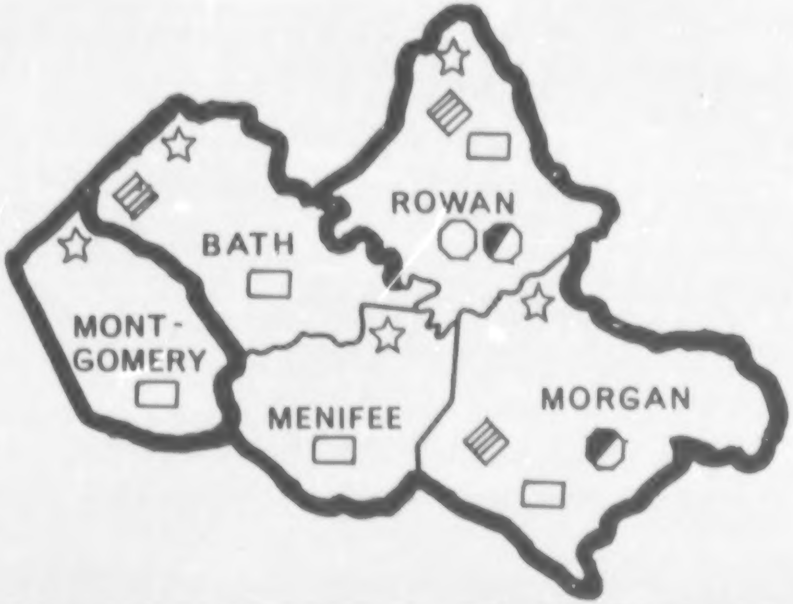
▽ Physical Therapy

▷ Leisure Time Services

⬡ Transportation

✖ Resource Lending Library

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Bath County Adult Training	Owingsville/Bath	Work Activity	▨	18
Morgan County Adult Training	West Liberty/Morgan	Work Activity	▨	10
Rowan County Adult Training	Morehead/Rowan	Work Activity	▨	12
Habilitation Coordination	Morehead/Rowan	Residential-Respite	○	
Habilitation Coordination	Morehead/Rowan /Morgan	Residential	◐	3-8
Psychological Services	All Counties	Psychological Screening and Counseling	▭	



SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

▣ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◈ Work Stations in Industry

◇ Sheltered Workshops

◆ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

💧 Speech Therapy

▭ Psychological Screening

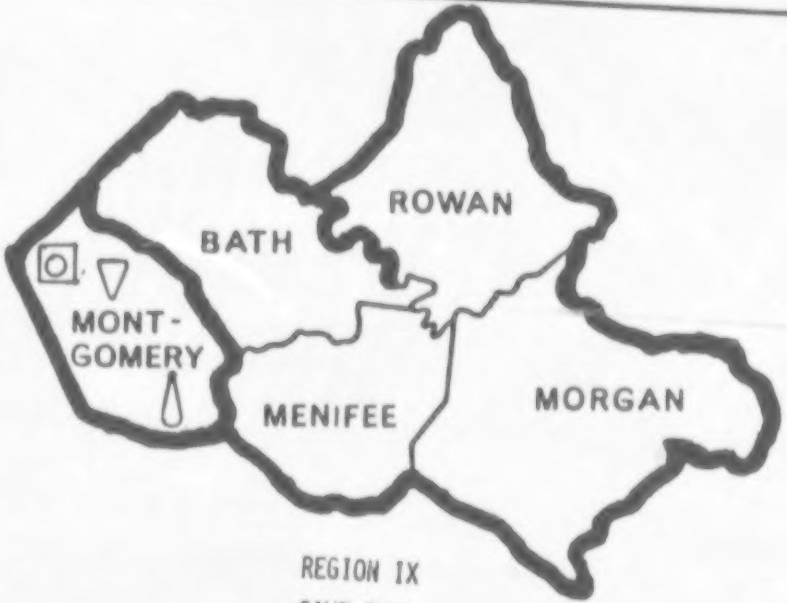
▽ Physical Therapy

▷ Leisure Time Services

▢ Transportation

✖ Resource Lending Library

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Gateway Early Childhood Development Center	Mt. Sterling/Montgomery	Preschool	▣	20
Gateway Early Childhood Development Center	Mt. Sterling/Montgomery	Physical Therapy	▽	
Gateway Early Childhood Development Center	Mt. Sterling/Montgomery	Speech Therapy	💧	



REGION IX
CAVE RUN

BEST COPY AVAILABLE

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- □ Community College
- ▨ Public School Dist.
- ◧ Private School
- ⊡ Pre-school

HEALTH SERVICES

- ○ Hospital
- ⊙ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ⓐ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

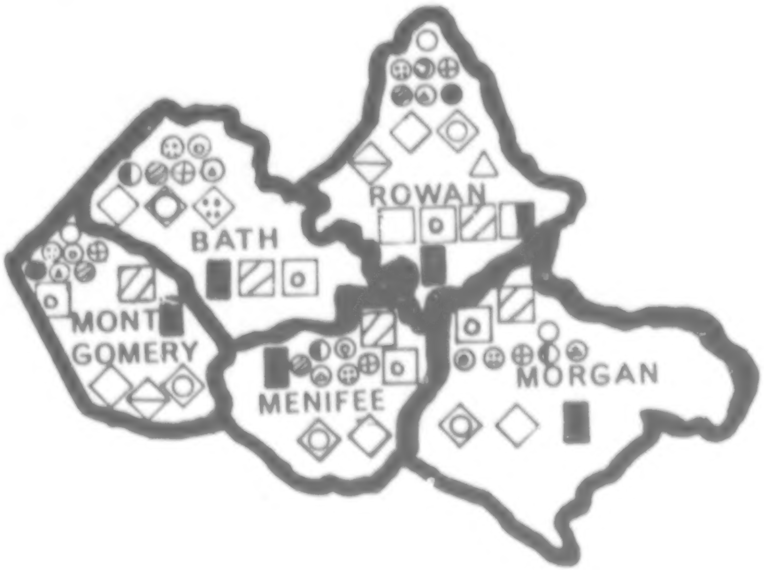
- ◇ Voc. Rehabilitation Office
- ◇ CETA Office
- ◇ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.	Day Care Centers	Park & Recreation Dept.	
Bath			1		2		1	3	2	1		1	1	1	1	1	1				1		
Menifee			1		1		1	1	2	1		1	1	1	1	1					1		
Montgomery			1		3	1	3	9	9		1	1	1	1	1	1		1			3	1	
Morgan			1		3	1	1	3	3	1		1	1	1	1	1							
Rowan	1		1	1	3	1	2	31	9		1	1	1	1	1	1		1		1	9	1	

BSS & BSI, Adult Ed in each county



278

279

REGION X - LANSDOWNE

When Dan McElroy, Lansdowne Community Mental Health/Mental Retardation Board's MR/DD Director, was with the American Shakespeare Theatre in Connecticut he and the improvisational troupe he led worked with a number of community groups. Seven years later, when he came to Kentucky, McElroy thought that this would be an ideal method to use with people with mental retardation.

Dan began interviewing Lansdowne clients with mental retardation for a job of working in theatre. No experience required--just a determination to try hard and not to give up when things get rough. He hired 13 actors, aged 25 to 65, who all live with their families or in nursing homes. They rehearse 6 hours a week, and get $3.00 a hour for practices and per-

formances. A special grant pays for part of the costs for salaries, travel and supplies

Theatre Unlimited is realistic work, and neither therapy nor play...although everyone benefits and has a wonderful time. Actors build skills--and skits--by improvising solutions for a scene or a situation. The company has developed a repertoire of 10 vignettes--which they have performed publicly for a number of audiences within and outside the State since August, 1981. Theatre Unlimited does not intend to make audiences feel uncomfortable or guilty about how they view people with mental retardation. "Our skits are in good taste, and we want audiences to be aware of the perpetuation of a lot of negative things that go on." McElroy explains, "We sat down one day and I asked them what some of their experiences had been. A lot of negative incidents came up, like being made fun of in restaurants, people not having patience when they are trying to make change--just the subtle messages that they get everyday.

In coming to grip with attitudes they face and their own feelings, Theatre Unlimited performers have grown, individually and as a group. "When we first started," McElroy says, "it was completely foreign to them to look at each other, to touch each other, to speak clearly and project their voices, and to consider themselves as part of a group. Theater is a powerful tool in improving self-image, you can see it after a performance--the actors feel good about themselves. They're getting a message across to the audience, and it's their message."

DESCRIPTION

HISTORY

The Lansdowne Mental Health/Mental Retardation Board was incorporated on June 6, 1966. During the first year of operation, the staff worked with the community in the development of mental health services and the role of the community mental health/mental retardation center in the community.

During the early 1970's, Lansdowne Community Mental Health/Mental Retardation Center started developing community organizations in each county to provide better local input into the regional board. Three MH/MR associations were formed under the leadership of the regional board in the following counties: Greenup, Carter and Lawrence. The board recognized the Boyd County Council for Exceptional Children and the Stark Community Center in Elliott County as the local organizations to work within Boyd and Elliott Counties. At this developmental stage of services, Lansdowne affiliated with Ashland City Schools, New Horizons, Inc. (multiphasic workshop), United Cerebral Palsy as well as other community agencies.

By 1972, there were fourteen programs serving school-age children with mental retardation through contracts with the public schools. There were also four preschool programs in the following counties: Boyd (2), Lawrence (1) and Carter (1). An extensive speech and hearing program was begun and continued until 1979. At that time, those services were purchased through a contractual arrangement with Geiger Easter Seal.

During 1974, Gartrell House, a group home for sixteen males was opened. It continued to provide services until 1976 when it was closed for economic reasons. In September, 1975, the responsibility for providing services to children of school-age became the responsibility of the public schools. The Center then developed an outreach/home based model for service delivery.

Bits 'n Pieces, a retail outlet, was opened in 1976 and closed in 1980 for economic reasons.

In 1977, New Horizons, Inc. became a direct operation of Lansdowne MH/MR Board. This program closed in 1979; again for economic reasons.

During 1980, Lansdowne sponsored the development of the Boyd County Association for Special People which has since become an affiliate of KARC.

In early years the center provided a basic family counseling/outpatient model which has now evolved into a case management model.

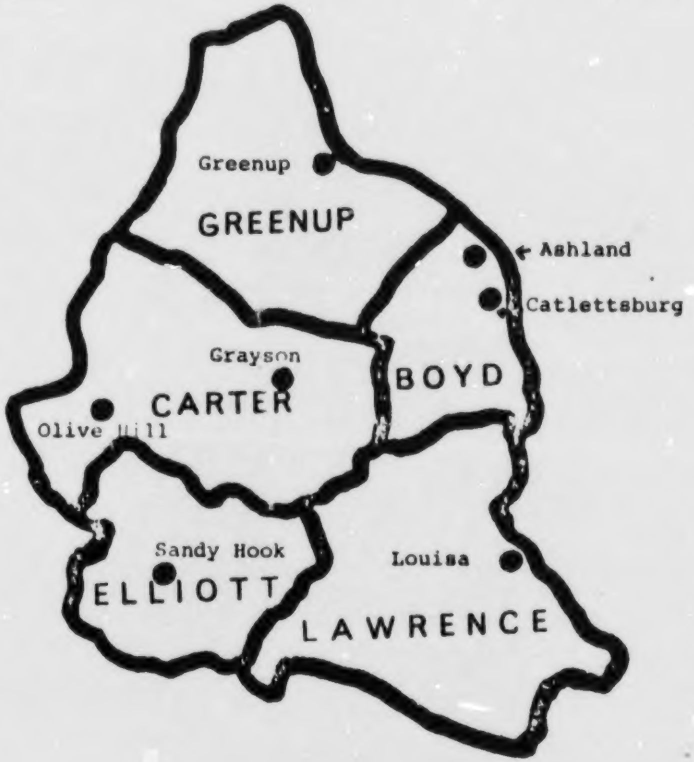
SOCIO-ECONOMIC

This geographical region is primarily a rural, mountainous area with only one of the five counties, Boyd, being classified as part of the Huntington, West Virginia-Ironton, Ohio, standard metropolitan area. The other four counties are designated as nonurban Kentucky, the Appalachian Regional Commission and the federal government. Three, Carter, Elliott, and

Lawrence, are dominated by the coal industry, while the remaining one, Greenup, has an economy tied to coal transportation.

Unlike its sister development districts to the south, Lansdowne has not yet benefited from the full thrust of development within the mining industry. For example, while unemployment rates in some coal counties have plunged as low as 4%, about 10% of Lansdowne's people remain without jobs. Mean per capita income in the region remains at about $4,500, 24% below the national average of $5,903.

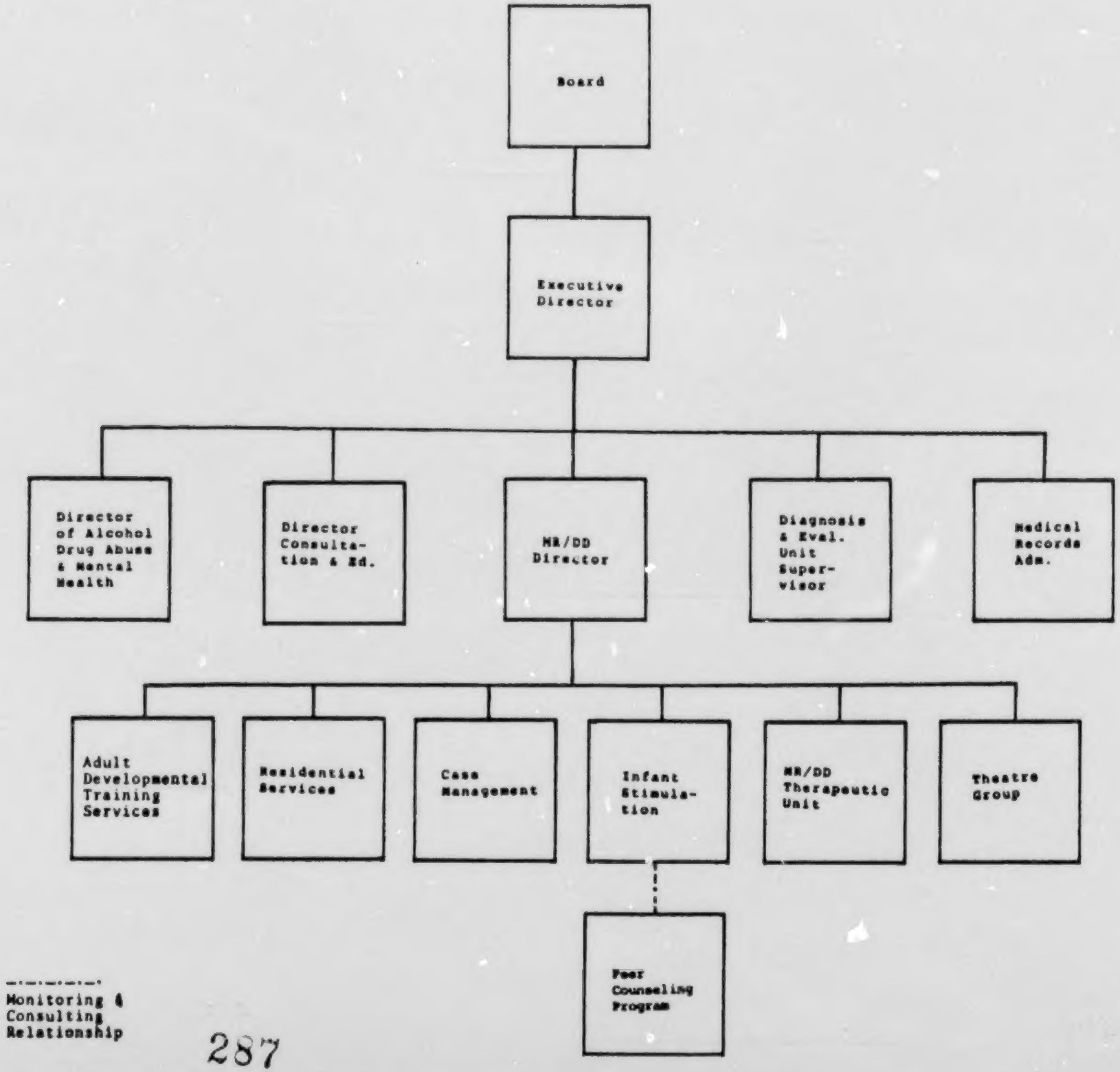
In human terms, that means that more than one-third of all families, more than one-half of the senior citizens, and more than 40% of the children living in Lansdowne subsist on below-poverty-level incomes. In raw numbers, that equals 51,090 people, 39% the 1975 population of 131,000.


Greenup
GREENUP
Ashland
Catlettsburg
Grayson
BOYD
CARTER
Olive Hill
Sandy Hook
Louisa
ELLIOTT
LAWRENCE

REGION X
LANSDOWNE

BEST COPY AVAILABLE

STRUCTURE


Board
Executive Director
Director of Alcohol Drug Abuse & Mental Health
Director Consultation & Ed.
MR/DD Director
Diagnosis & Eval. Unit Supervisor
Medical Records Adm.
Adult Developmental Training Services
Residential Services
Case Management
Infant Stimulation
MR/DD Therapeutic Unit
Theatre Group
Peer Counseling Program
Monitoring & Consulting Relationship

May, 1981

287

288

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

▣ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

⁘ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

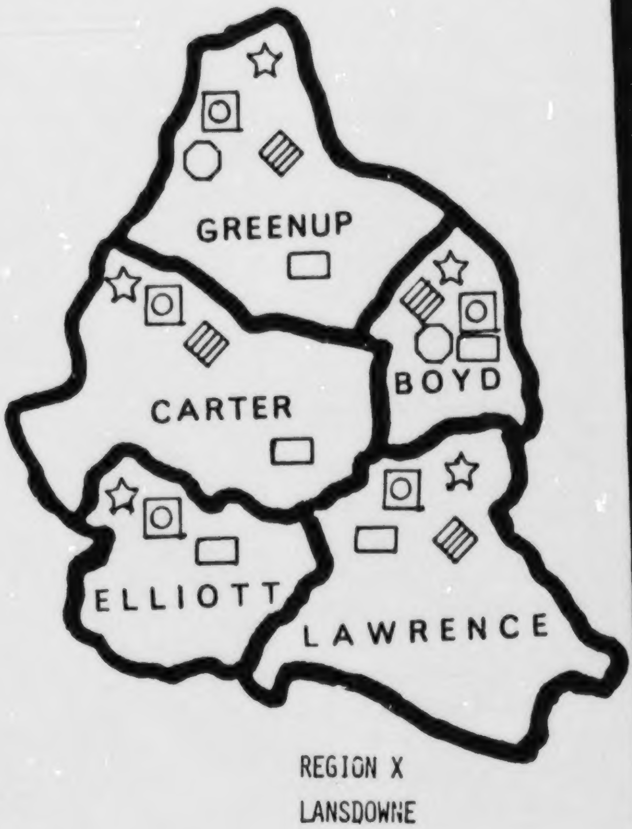
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library



MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	53
Early Intervention/Outreach Program	All Counties	In-Home Educational services to MR/DD Children from birth to age five.	⊡	50
Adult Training Program	/Greenup	Vocational	◇	61
Adult Training Program	/Carter	Vocational	◇	
Adult Training Program	/Lawrence	Vocational	◇	
Adult Training Program	/Boyd	Vocational	◇	
Respite Care	/Greenup	Residential	⯃	12
Respite Care	/Boyd	Residential	⯃	
Psychological Services	All Counties	Psychological Screening	▭	80

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention
☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training
◇ Work Stations in Industry
◈ Sheltered Workshops
▨ Work Activity (Adult Activity)

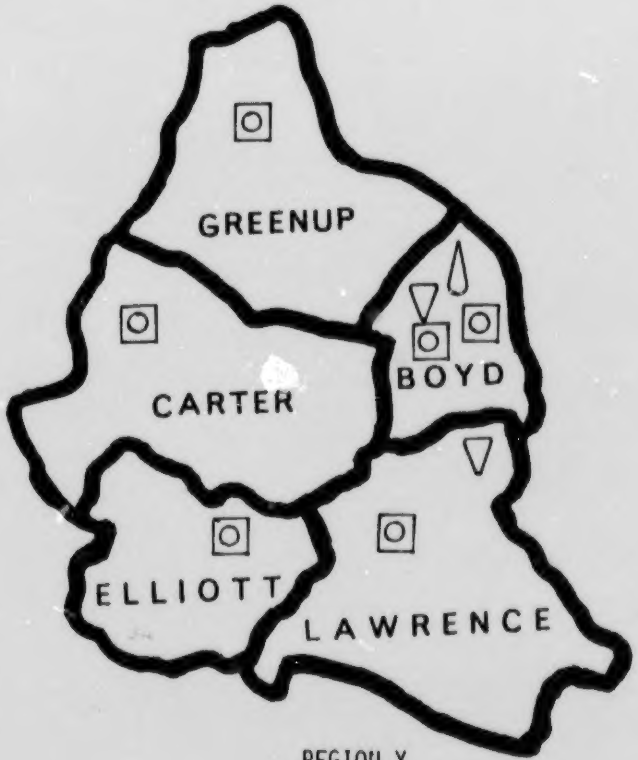
ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care
◎ Core Residences

Alternative Residences
● One to three individuals
◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
⬠ Transportation
✖ Resource Lending Library



REGION X
LANSDOWNE

MENTAL RETARDATION SERVICES OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Geiger Easter Seal Speech and Hearing Center	Ashland/Boyd	Evaluation for all Communication Disorders	💧	
King's Daughter's Hospital	Ashland/Boyd	Physical Therapy	▽	
Louisa Community Hospital	Louisa/Lawrence	Physical Therapy	▽	
Stark Community Center	Olive Hill/Elliott	Adult Activity	◈	
Northeast Regional Headstart	All Counties	Preschool	⊡	
Preschool Handicapped Program	Ashland/Boyd	Preschool	⊡	

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ▣ Pre-school

HEALTH SERVICES

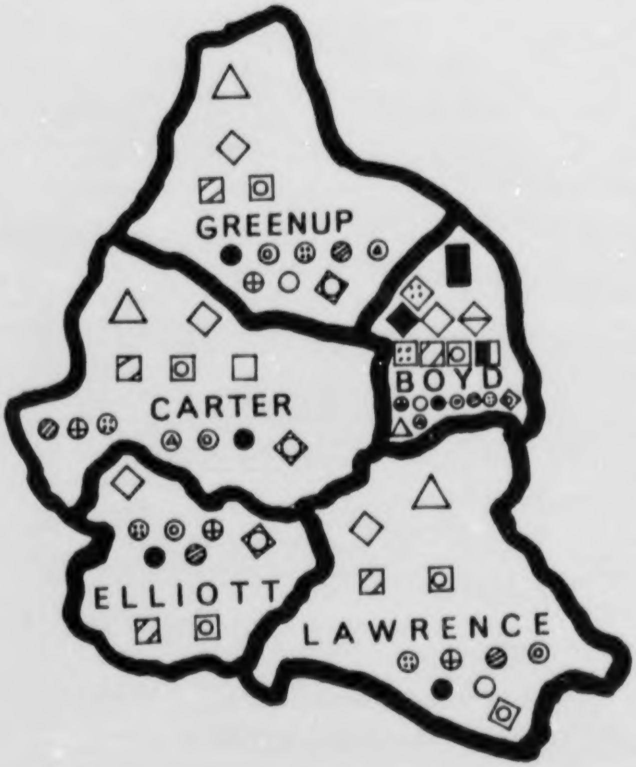
- ○ Hospital
- ◌ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ▤ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⟠ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens



REGION X
LANSDOWNE

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.
Boyd		1	3	3	1	1	1	65	34	1	1	1	1	1	1	1	1	1		1
Carter	1		1				1	5	6	1		1	1	1						1
Elliott			1				1	3	2	1			1	1						
Greenup			3			1	1	15	10	1		1	1	1						1
Lawrence			1			1	1	8	6	1			1	1						1

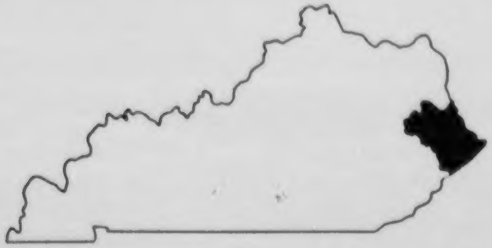
REGION XI - MOUNTAIN

Jewell Ramey spent most of her life in personal care or nursing homes. She was articulate and energetic when discovered by staff of the Mental Health/Mental Retardation Center. An adult training program gave Jewell her first chance to interact with other people her age, and to start to become productive.

Jewell soon tired of simple craft work, however, and flourished when she and 50 other trainees entered the Prestonsburg Greenhouse project, the first of its kind in the State. She loved nature, and quickly mastered the basic horticulture skills. She learned about transplanting, seeding and propagation, as did all the beginners, then advanced to the more technical level, studying plant physiology, plant disease, insect control and learning the scientific plant names.

Her first big purchase with her salary was a set of dentures. "Then she started buying clothes and improving her image," Greenhouse director Chalmer Howard says, "You could see a gradual build-up of a person."

Then, one day, during a work break, Jewell picked up some crayons and paper. She showed immediate artistic talent. The Greenhouse got her water colors and brushes, and Jewell began to paint. She gave her first pictures to friends. She is still generous with her talent, but now people buy her paintings. One was used in a recent newspaper ad, a number have been sold to businesses and private homes, and many were exhibited at a one-woman show at the county courthouse.



Ms. Ramey is grateful for her work experience and the knowledge she has gained about the plants she loves. But she would love to support herself with her talent: "There's nothing like having someone pay me for something I like as much as painting."

298

DESCRIPTION

HISTORY

In 1966, Mountain MH/MR Board was incorporated to organize and operate a five-county regional service delivery system. Mental retardation services were listed as a priority for the Board.

At that time, very small programs for children were operational in Magoffin, Floyd, Martin, and Pike Counties. These programs were supported and operated by families, with no stable funding source or external support systems. These programs were generally located in churches modeling as "schools."

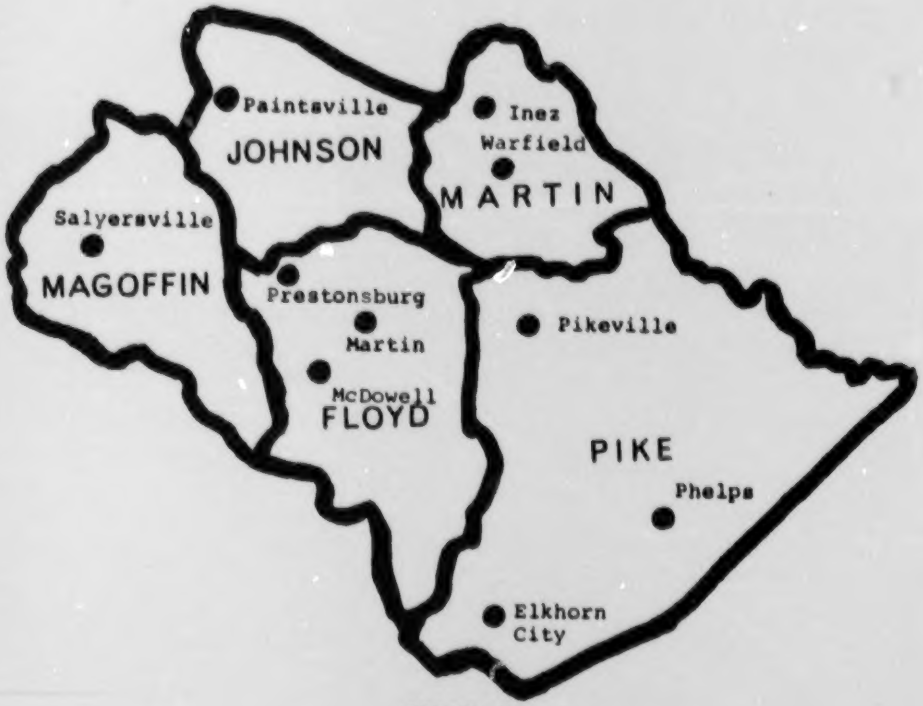
During 1972-73, the parent groups disbanded, except for the Pike County group which continued to operate the Mary E. Calvert School until 1974. As these groups disbanded, Mountain began accepting responsibility for programming and developed a preschool and work activity in each county of the region.

At the present time, there are Association for Retarded Citizens in Magoffin, Pike and Floyd Counties.

SOCIO-ECONOMIC

Region XI is mountainous in terrain. Many of the residents live in hollows that are located throughout the different counties. Many of the county seats are not located centrally within the counties and many residents must travel great distances to their county seats. The majority of the county seats have a population of less than 2,500 residents. Because of the mountainous terrain and dispersal of population, transportation adds to the difficulty of designing programs for the area. Pike county has 782 square miles with a population of only 80,777 scattered from the Virginia border. In areas where coal trucks do not travel there are one-lane dirt roads, many of which stay damaged the year round. Martin County has only one main corridor, limiting the ability of a transportation system to serve the whole county. The unique terrain and many winding streams cause frequent flooding, and winter conditions add to the hazard of poor roads. Transportation is a major problem both for providers and recipients of services in this region.

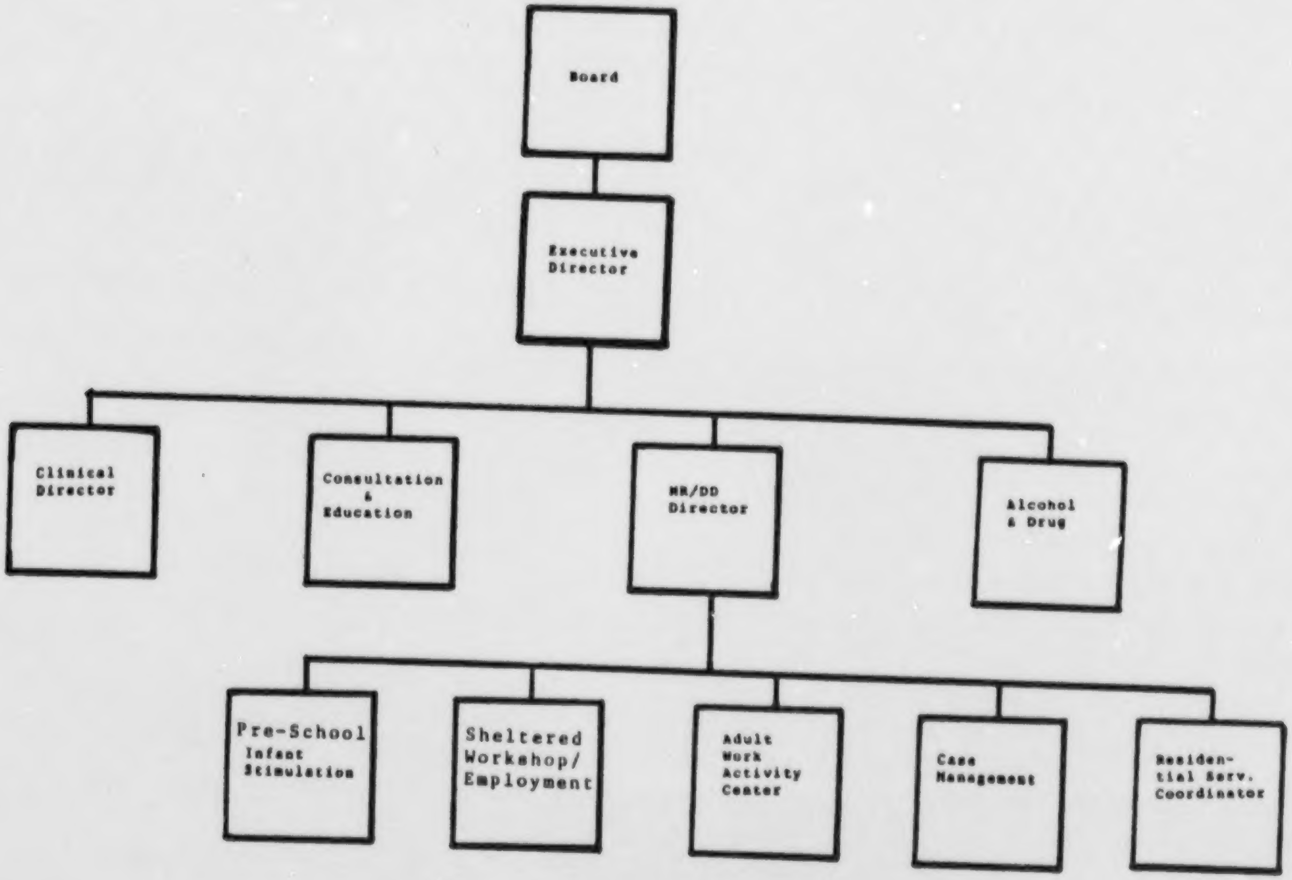
The economy is dominated by the coal industry, many of whose operators live outside the region. Thus, much of the earned money does not return to the communities. Yet the ups and downs of the coal industry impact greatly on any program developed in the area. In addition to coal, the economy consists of some small private gardening and only one factory in Johnson County which employs few people.


Paintsville
JOHNSON
Inez
Warfield
MARTIN
Salyersville
MAGOFFIN
Prestonsburg
Martin
McDowell
FLOYD
Pikeville
PIKE
Phelps
Elkhorn City

REGION XI

MOUNTAIN

STRUCTURE


Board
Executive Director
Clinical Director
Consultation & Education
MR/DD Director
Alcohol & Drug
Pre-School Infant Stimulation
Sheltered Workshop/ Employment
Adult Work Activity Center
Case Management
Residential Serv. Coordinator

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention
☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training
⟠ Work Stations in Industry
◈ Sheltered Workshops
▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

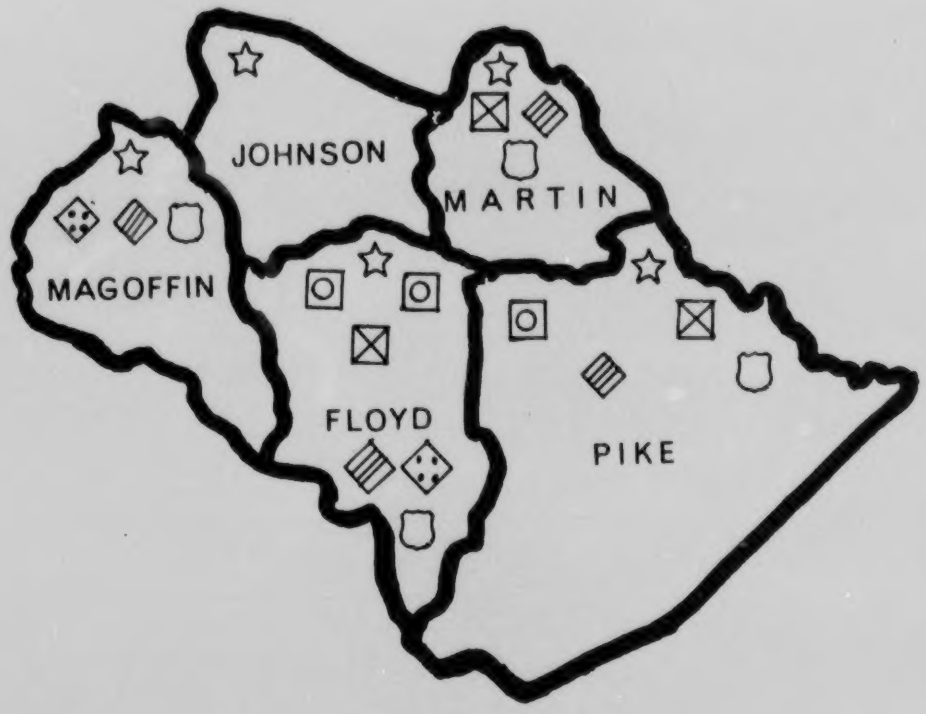
○ Respite Care
◎ Core Residences

Alternative Residences

● One to three individuals
◐ Four to eight individuals

SPECIALIZED SERVICES

⚲ Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
⛉ Transportation
✖ Resource Lending Library



REGION XI
MOUNTAIN

MENTAL RETARDATION PROGRAMS OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Regional Infant Stimulation Program	All Counties	Infant Stimulation	⧇	15
Mountain Comprehensive Care Center	Pikeville/Pike	Preschool	⧇	10
Mountain Comprehensive Care Center	Prestonsburg/Floyd	Preschool	⧇	4
MR/DD Outpatient Services	Inez/Martin	In-Home Services	⊠	11
MR/DD Outpatient Services	Pikeville/Pike	In-Home Services	⊠	15
MR/DD Outpatient Services	Prestonsburg/Floyd	In-Home Services	⊠	30
* Mountain Comprehensive Care Center Horticulture Program-Auxier	Prestonsburg/Floyd	Work Activity		13
* Mountain Comprehensive Care Center Horticulture Program-Auxier	Prestonsburg/Floyd	Sheltered Workshop	⟐	27
* Mountain Comprehensive Care Center Horticulture Program	Salyersville/Magoffin	Work Activity	▨	13
* Mountain Comprehensive Care Center Horticulture Program	Salyersville/Magoffin	Sheltered Employment	⟐	21
Mountain Comprehensive Care Center	Pikeville/Pike	Work Activity	◇	15
Mountain Comprehensive Care Center	Inez/Martin	Work Activity	◇	11
Mountain Comprehensive Care Center	/Floyd /Magoffin /Pike /Martin /Johnson	Transportation	⛉	

*Also serves Johnson County Clients

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

◇ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

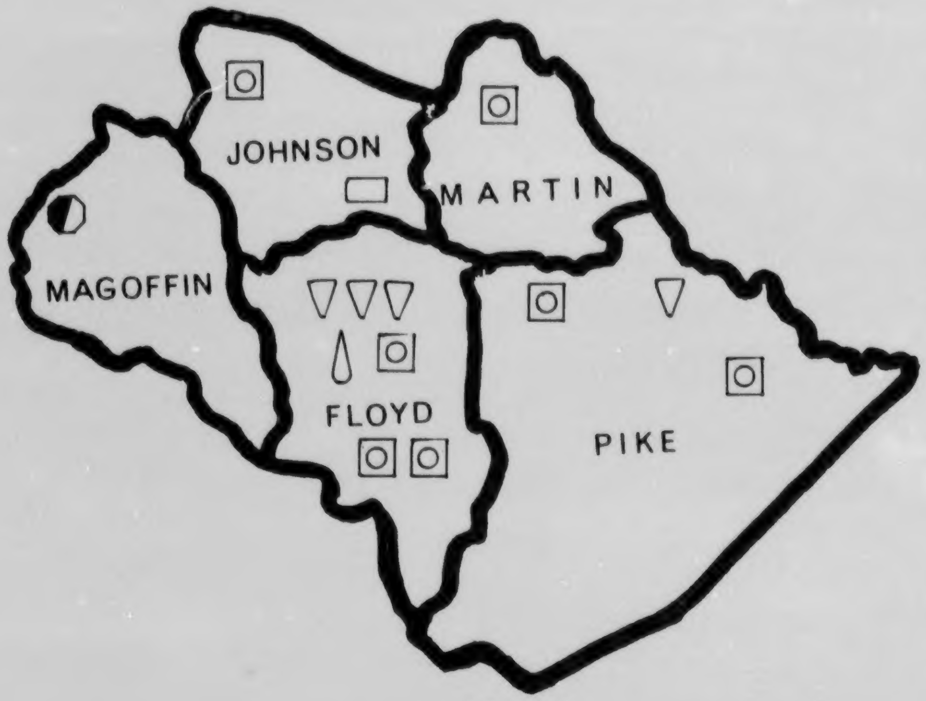
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⬡ Transportation

✖ Resource Lending Library



REGION XI
MOUNTAIN

MENTAL RETARDATION SERVICES OPERATED
PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Highlands Regional Hospital	Prestonsburg/Floyd	Physical Therapy	▽	
Pikeville Methodist Hospital	Pikeville/Pike	Physical Therapy	▽	
Our Lady of the Way	Martin/Floyd	Physcial Therapy	▽	
McDowell ARH	McDowell/Floyd	Physcial Therapy	▽	
Magoffin County Mini-Homes 2	Salyersville/Magoffin	Residential	⯃	3
Floyd County Mini-Home	Prestonsburg/Floyd	Residential	⯃	3
K. Krigger	Prestonsburg/Floyd	Speech Therapy	⬯	
Martin County Headstart	Inez/Martin	Preschool	⧇	
Floyd County Headstart	Prestonsburg/Floyd	Preschool	⧇	
Johnson County Headstart	Paintsville/Johnson	Preschool	⧇	
Floyd County D.C. C.P.	Prestonsburg/Floyd	Preschool	⧇	
Pike County Headstart	Pikeville/Pike	Preschool	⧇	
Floyd County KYRC	Prestonsburg/Floyd	Preschool	⧇	
Pike County Headstart	Pikeville/Pike	Preschool	⧇	
Eastern Ky. Voc. Rehab.	Thelma/Johnson	Psychological Screening	▭	
Paintsville Hosp.	Paintsville/Johnson	Physical Therapy	▽	
Voc. Rehab. Center	Thelma/Johnson	Vocational	◇	

1

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ◙ Pre-school

HEALTH SERVICES

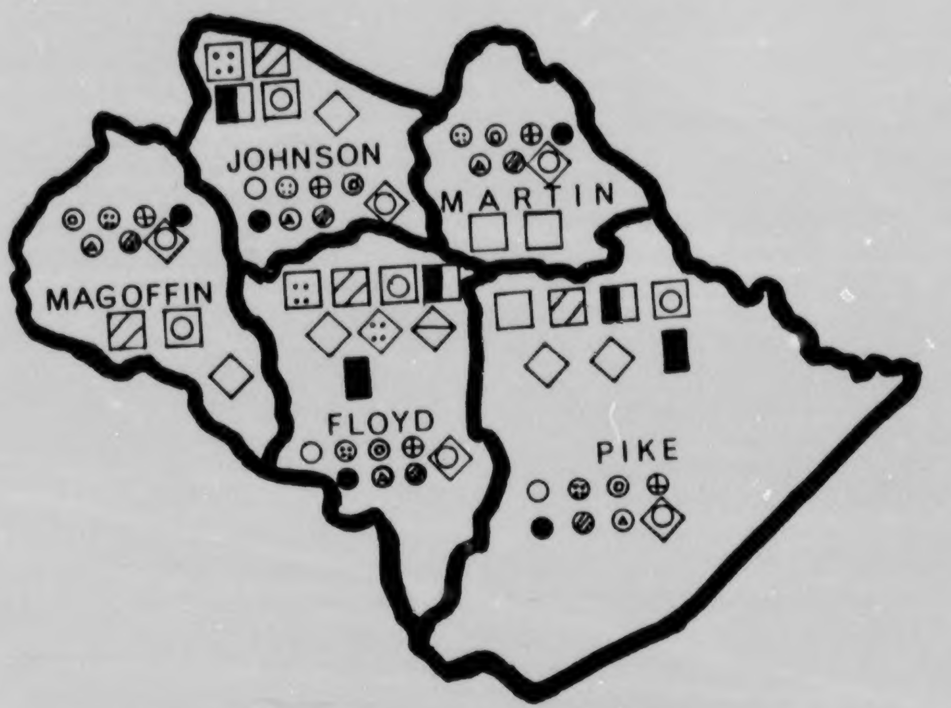
- ○ Hospital
- ⁘ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⊖ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens



REGION XI
MOUNTAIN

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Floyd		1	1	1	3	3	7	24	13		1	1	1	1	1	1	1	1					
Johnson		1	2	1	1	1	3	8	6		1	1	1	1		1							
Magoffin			1		1		1	2	2		1	1	1	1		1							
Martin			1		1		3	5	3		1	1	1	1									
Pike	1		2	1	2	3	6	22	18		1	1	1	1	1	1		1					

REGION XII - KENTUCKY RIVER

John and Sharon Thorpe were married in December, 1980... and they are living happily ever after.

John leaves early every weekday to go to his job at the construction company his family operates, and Sharon stays home and takes care of the house, a job she loves.

Their lives have taken a turn they never expected and barely hoped for.

In Breathitt County, after the eighth grade, there was little for John to do or look forward to. Then he started going to the sheltered workshop for people with mental retardation in Jackson. The workshop gave John something to do, but more important, brought him once again into contact with Sharon, a young lady he had known casually over the years. Sharon had been at the workshop for four years and was helping some of the other workers.

The two old friends started dating, fell in love and--like in the story books--were married.

Mr. and Mrs. Thorpe live in a house "just up the road" from Thorpe's grandfather. John supports them both with his construction job, and Sharon cleans, cooks and shops. She takes care of the family cat, enjoys her hobby of tending their thriving household plants and works with her husband in their vegetable garden. They "go out sometimes" Mrs. Thorpe says, but "there's not much going on in Jackson," Thorpe adds.

Sharon learned to cook for her family as she was growing up. Her specialties are hamburgers and french fries, but she cooks up her husband's favorite, a pot of soup beans, whenever he asks. Thorpe's expanding waistline attests to her culinary abilities.

Sharon and John do not plan to have children, but to continue enjoying and growing with each other. Mrs. Thorpe sums up their life together: "Being married has made us very happy."

DESCRIPTION

HISTORY

Kentucky River Mental Health/ Mental Retardation Board, Inc. was organized through an Article of Incorporation by the Secretary of State on July 1, 1979.

The work training programs for adult centers became operational January 16, 1981. These programs evolved from existing Kentucky River Mental Health/Mental Retardation Board adult activity programs. Presently there are no residential programs operated by Kentucky River Mental Health/ Mental Retardation Board.

SOCIO-ECONOMIC

The eight-county Kentucky River Region encompasses 2,538 square miles, falling within the physiographic province known as the Eastern Kentucky Coal Fields, and is characterized by asymmetrical mountains. These mountains have steep slopes and are arranged in patternless groupings. Streams flow through the narrow and winding valleys. There is very little flat land available outside of the flood plains.

This region falls about midway in the size range as compared to other regions. It is less populated than some of the other regions. The population is also more rural than in the central regions.

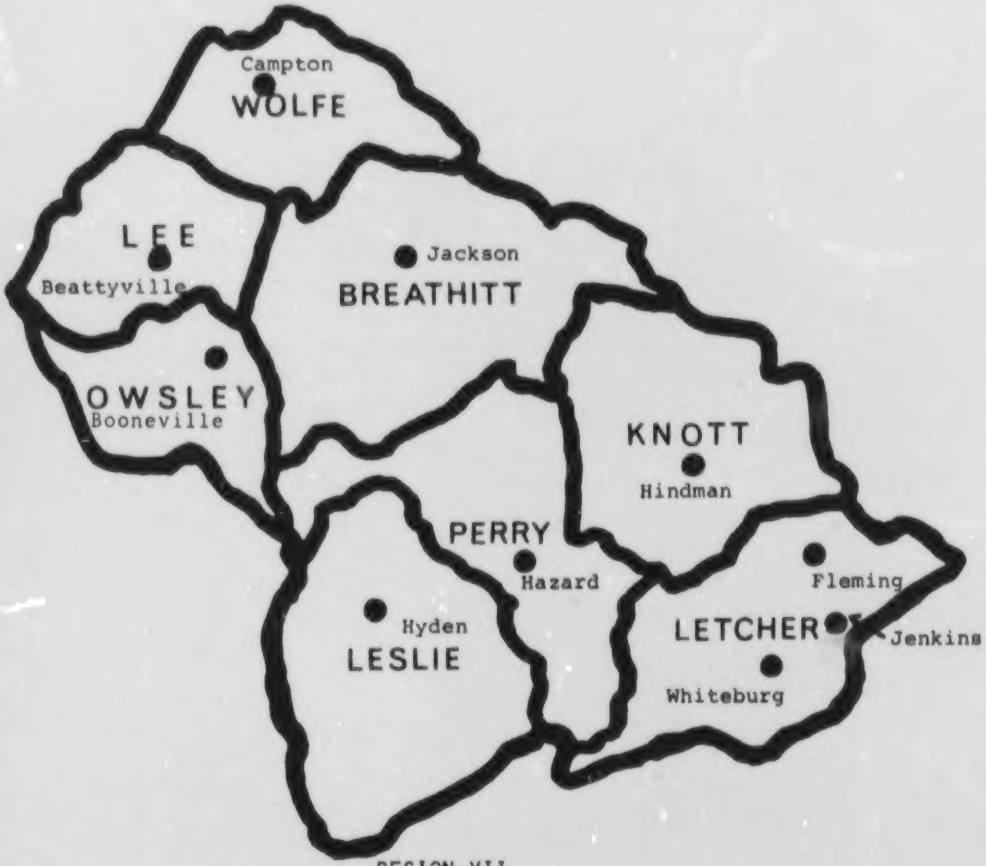
The economy of this region depends excessively on the production of coal. There is very little other industrial development in this area.

Since the early part of 1979, the unemployment rate has begun to gradually increase, steadily worsening each month until by the end of the year the average unemployment rate was 10.3% for the calendar year, 1980. The economic growth of the region has almost completely come to a halt as a result of the high interest rates on loans for new housing construction.

The coal boom of 1971 created an increased demand on the job market for all coal-related industry and the job market of the Kentucky River Region steadily increased, bringing more people into the area and creating a greater demand for housing and related services and facilities.

With the present national demand for coal lower than had been anticipated, the unemployment rate is once again as high as it has been in almost a decade.

Service development and delivery is hampered by the transportation problems of this area. There is very little public transportation. In addition to lack of transportation, the poor condition of the roads is also a problem. This area is so rural and widespread that time in transportation is also a problem.

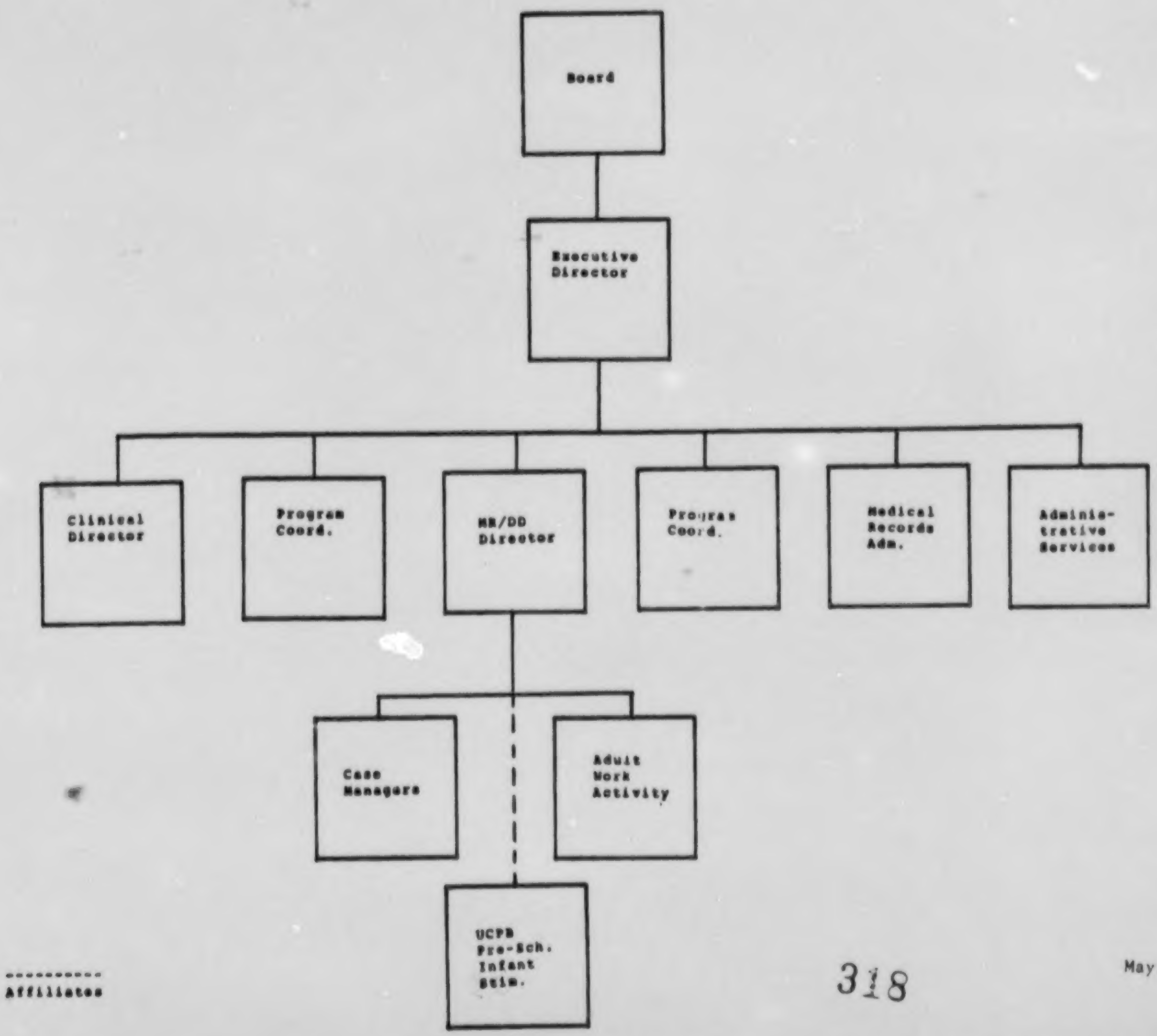

Campton
WOLFE
LEE
Beattyville
Jackson
BREATHITT
OWSLEY
Booneville
KNOTT
Hindman
PERRY
Hazard
Fleming
Hyden
LESLIE
LETCHER
Jenkins
Whiteburg

REGION XII

KENTUCKY RIVER

BEST COPY AVAILABLE

STRUCTURE


Board
Executive Director
Clinical Director
Program Coord.
MR/DD Director
Program Coord.
Medical Records Adm.
Administrative Services
Case Managers
Adult Work Activity
UCPB Pre-Sch. Infant Stim.

Affiliates

May, 1981

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◈ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

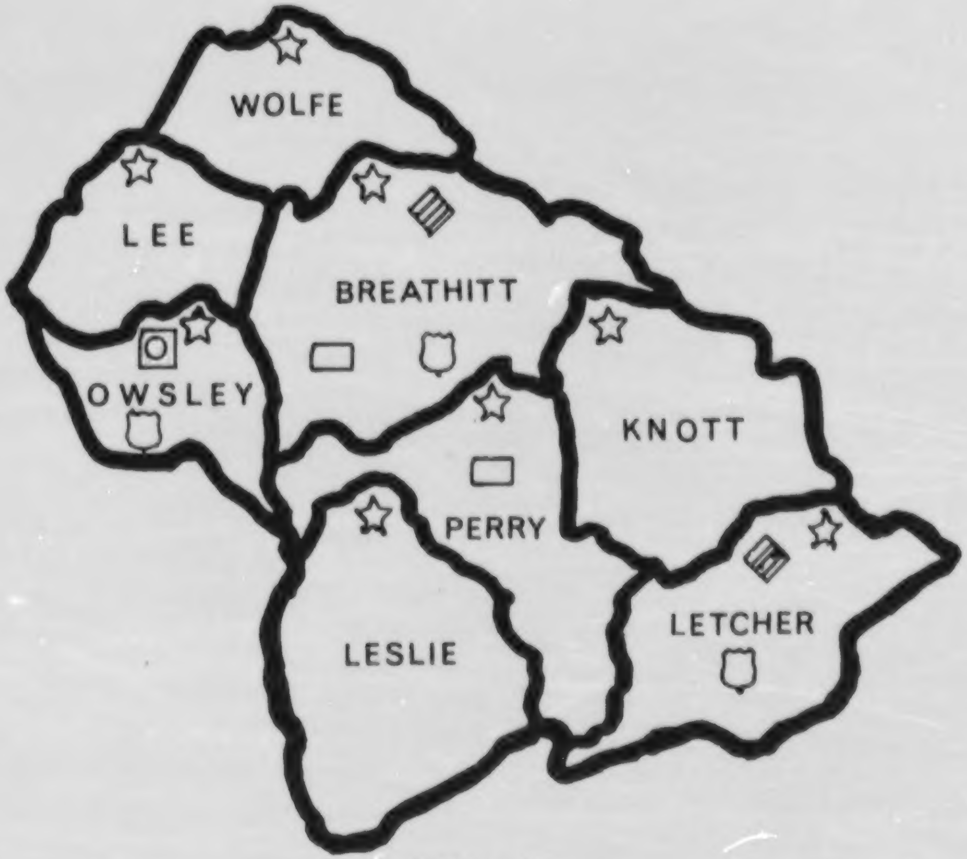
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library



REGION XII
KENTUCKY RIVER

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Owsley County Preschool	Booneville/Owsley	Preschool	⧇	19
Kona Work Training Center	Kona/Letcher	Work Training	◈	15
Jackson Work Training Center	Jackson/Breathitt	Work Training	◈	14
Psychological Services	Hazard/Perry	Psychological Screening	▭	
Psychological Services	Jackson/Breathitt	Psychological Screening	▭	
	/Breathitt	Transportation	🛡	
	/Owsley	Transportation	🛡	
	/Letcher	Transportation	🛡	

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Owsley County Preschool	Booneville/Owsley	Preschool	⊡	19

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

◊ Speech Therapy

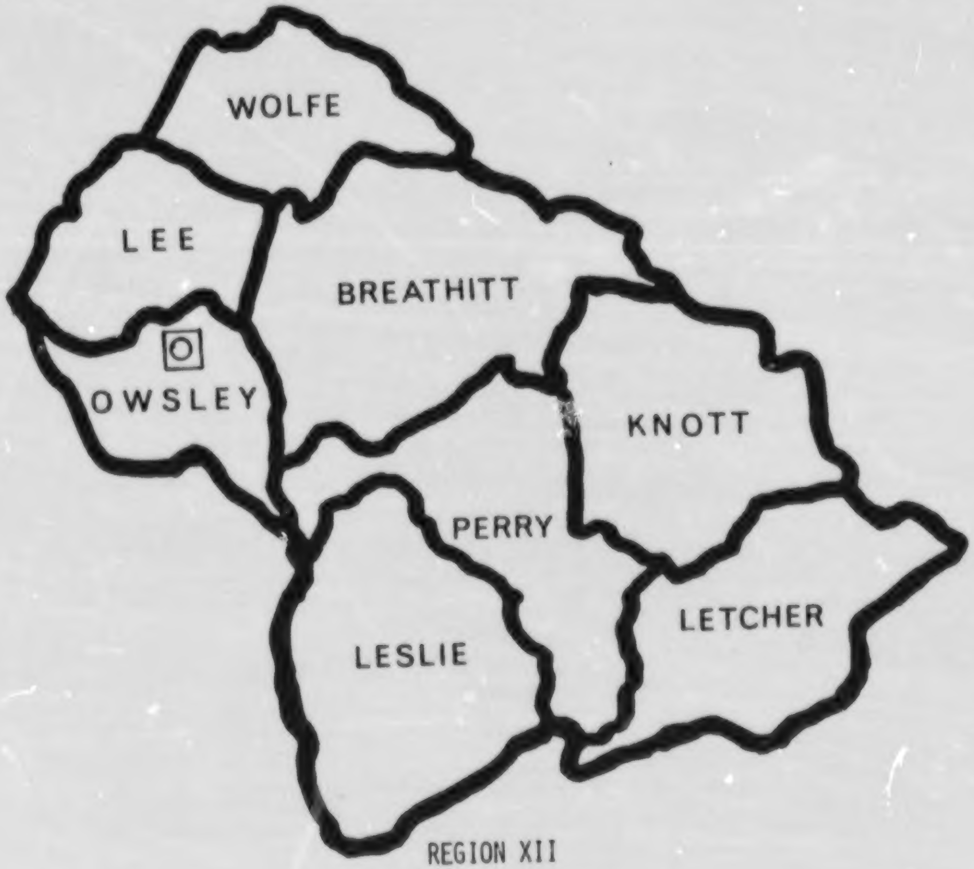
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library



REGION XII
KENTUCKY RIVER

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ▣ Pre-school

HEALTH SERVICES

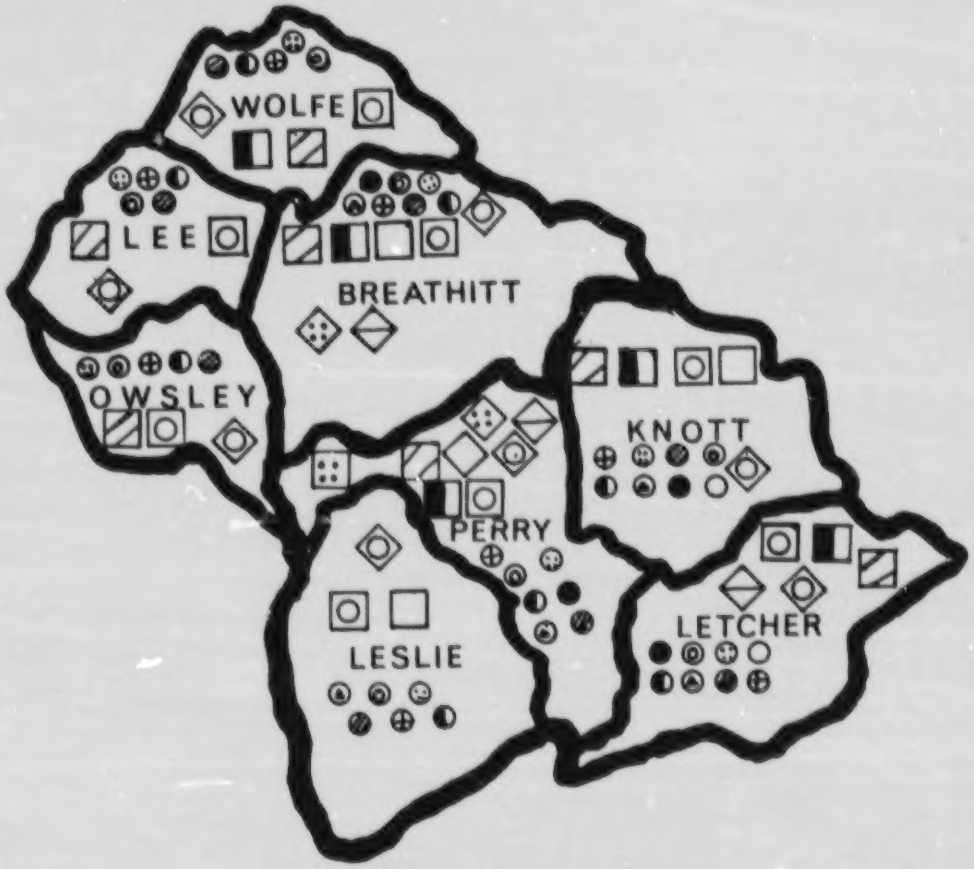
- ○ Hospital
- ⊙ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⬙ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens



REGION XII

KENTUCKY RIVER

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Breathitt	1	0	2	3	2	0	1	4	4	1	1	1	2	1	1	0	1	1	0	0			
Knott	1	0	1	1	6	0	1	5	3	1	1	1	2	1	0	0	0	0	0	0			
Lee	0	0	1	0	3	0	1	2	2	1	0	1	2	2	0	0	0	0	0	0			
Leslie	0	0	1	0	3	1	1	8	2	1	0	1	2	2	0	0	0	0	0	0			
Letcher	0	0	2	1	11	2	7	22	8	1	1	2	3	2	0	0	0	1	0	0			
Owsley	0	0	1	0	3	0	1	2	1	1	0	2	2	2	0	0	0	0	0	0			
Perry	0	1	2	1	1	1	4	21	8	1	1	1	3	2	1	1	1	1	0	0			
Wolfe	0	0	1	2	2	0	1	1	2	1	0	1	1	1	0	0	0	0	0	0			

REGION XIII - CUMBERLAND RIVER

Barbara Reid, full-time homemaker and child rearer, had a lot of love in her heart, a lot of time on her hands.

Her husband, Robert, though retired, kept busy improving their Bell County house and land.

Their three oldest children had grown up and moved away, and Chris, their thirteen year old son, was always busy with school, friends and church.

When she saw a newspaper ad last January seeking homes for young people moving back to the community from Oakwood, Mrs. Reid showed it to her husband. When she told him how she felt, he agreed that they should inquire further. The Reids contacted the Cumberland River MH/MR Board's MR/DD director, Chad Jackson. They were enrolled with other area parents in a training program for families participating in the New Neighbors Project, and trained to handle, as Mrs. Reid puts it, "the worst possible situations that could arise when we took in one of these children."

In March, Keene Johnson, 17, a tall, lean boy who had been at Oakwood since he was 10, moved in with Mr. and Mrs. Reid. "He had a lot of bad habits when he first came here," notes Mr.

Reid. But, as Mrs. Reid says, "We hit it right off."

When he first came, Keene rocked vigorously whenever he sat in a chair. He would seldom walk without help, and would not go up or down stairs. He had little appetite and what he ate had to be cut into bite-size pieces. When the family took him shopping or to church he got so excited he jumped up and down and shouted. He chewed on his lower lip. He did not make eye contact with people, did not speak and did not seem to care about how he looked.

Mrs. Reid sums up his progress: "Lord have mercy, I can tell a world of difference in him now."

Johnson now sits up straight and still, his hands folded in his lap, and sits and enjoys a whole church service. He walks up and down the steep stairs in the Reid's house. He no longer chews his lip. He has a hearty appetite and does not need to have his food cut up. He keeps himself clean and well-dressed.

The Reids use eye contact to correct Keene's behavior. Keene looks visitors in the eye, smiles broadly and extends his hand for a hearty handshake.

At first, Keene went to a special education class in Bell County, but he was older than the rest of the class. Now he takes a minibus to a work training program in Pineville. Mrs. Reid says, "Being with people his own age or older at the work program, he seems to be learning a lot more, a lot quicker."

The Reids enjoy watching Keene grow. "He's smart and he'll watch what we do and try to do it himself," Mr. Reid says.

Mrs. Reid adds, "Even though he doesn't talk, he understands me. Everything I say he'll do. I can even motion and he'll know what I mean."

328

DESCRIPTION

HISTORY

In 1966, Southeastern Kentucky Regional MH/MR Board was incorporated to serve Clay, Knox, Laurel and Whitley Counties. Jackson and Rockcastle Counties were added in 1969, and, in 1972, all six counties merged with the Upper Cumberland River Regional MH/MR Board serving Bell and Harlan Counties and became Cumberland River MH/MR Board, Inc.

Transporting clients to structured programs is an important function. A fleet of 30 buses travels an average of 30,000 client-miles a year. The Board operates nine adult training programs, three child development centers, a group home, three sheltered workshops, seven preschool day training programs and a full range of mental health services.

Numerous college students use the program settings for field training experiences. Industry and the community-at-large benefit from the various services provided by the Board.

From 1972 to 1974, there was an ARC in most counties and an active DDSA Council. From 1975 to 1978, the region had an active Council for Exceptional Children (CEC) chapter. The region's MR/DD director, at that time, Elizabeth Baker, was president of the Kentucky CEC in 1977. Today there is a student CEC at Cumberland College and a chapter forming in Knox County. Cumberland River MH/MR Board, Inc. has participated in Special Olympics over the past years. The members of the current MR planning committee will continue as active members of a MR/DD advocacy group after the planning project is completed.

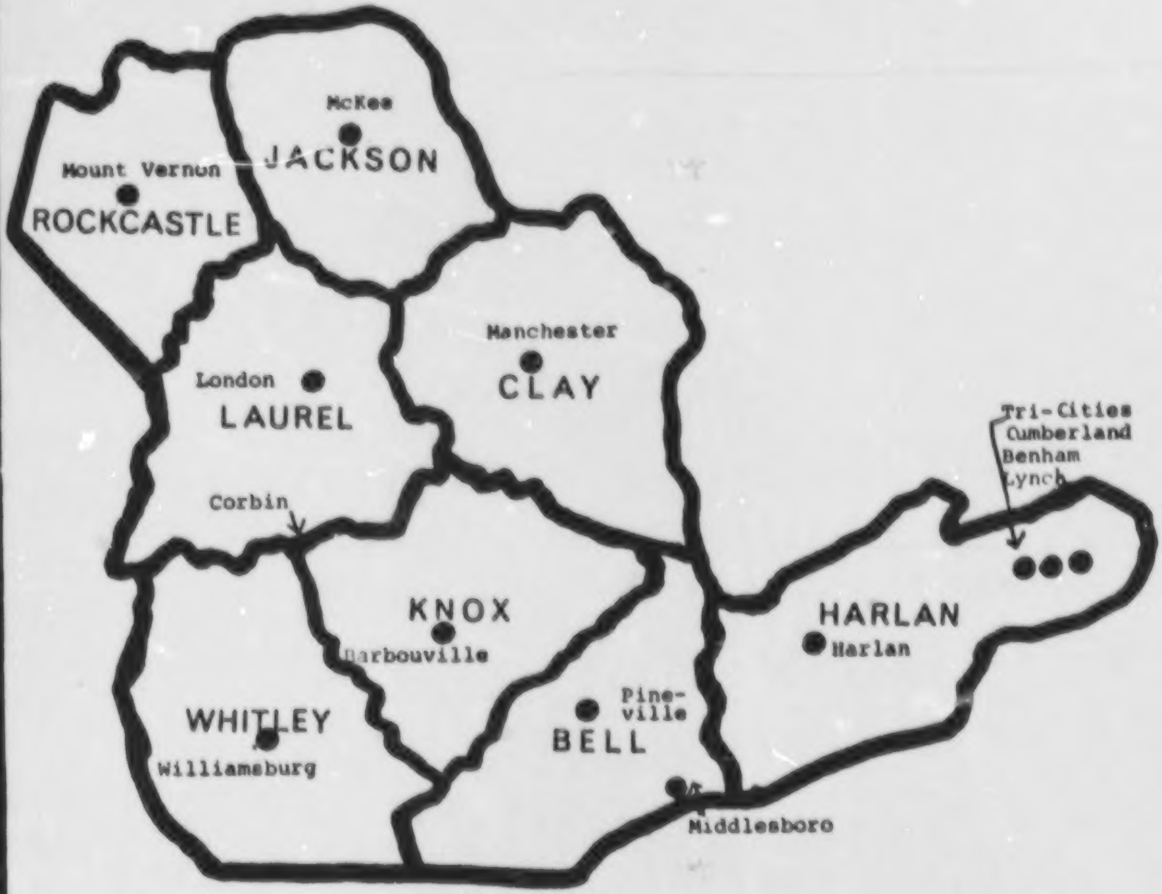
SOCIO-ECONOMIC

Cumberland River Region is located on the fringe of the central Appalachian area or the Cumberland plateau. A total population of 217,000 live in Harlan, Bell, Clay, Knox, Jackson, Whitley, Laurel and Rockcastle Counties, which cover 3,139 square miles.

Terrain ranges from hilly to mountainous, with marginal farm land found only in the narrow valley bottoms. This creates geographical isolation and transportation problems. This extremely fertile soil along the valley bottoms is ideal for the subsistence type of agriculture that in most cases is practiced in the region.

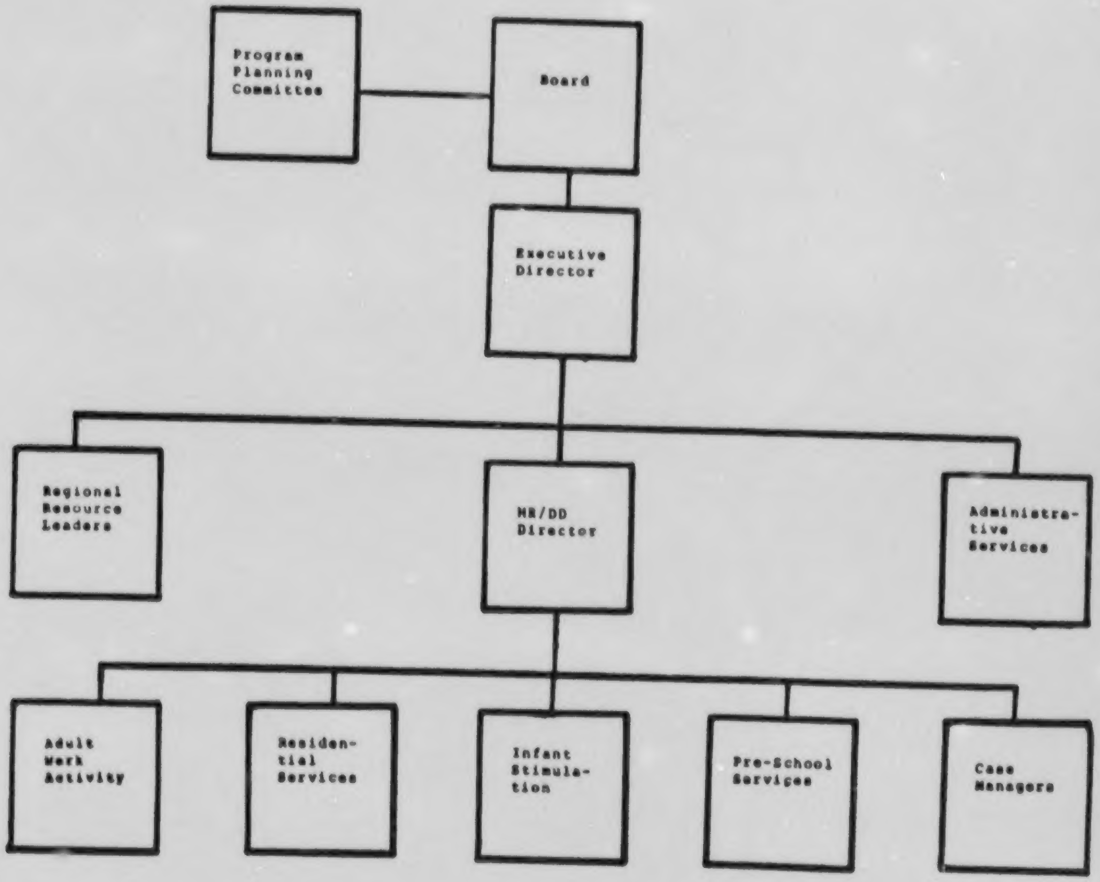
329

330


McKee
JACKSON
Mount Vernon
ROCKCASTLE
Manchester
CLAY
London
LAUREL
Corbin
Tri-Cities
Cumberland
Benham
Lynch
KNOX
Barbouville
HARLAN
Harlan
Pineville
BELL
WHITLEY
Williamsburg
Middlesboro

REGION XIII
CUMBERLAND RIVER

STRUCTURE


Program Planning Committee
Board
Executive Director
Regional Resource Leaders
MR/DD Director
Administrative Services
Adult Work Activity
Residential Services
Infant Stimulation
Pre-School Services
Case Managers

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

CASE MANAGEMENT

EDUCATIONAL OR RELATED SERVICES

- ⧇ Preschool/Early Intervention
- ☒ In-Home Support

VOCATIONAL SERVICES

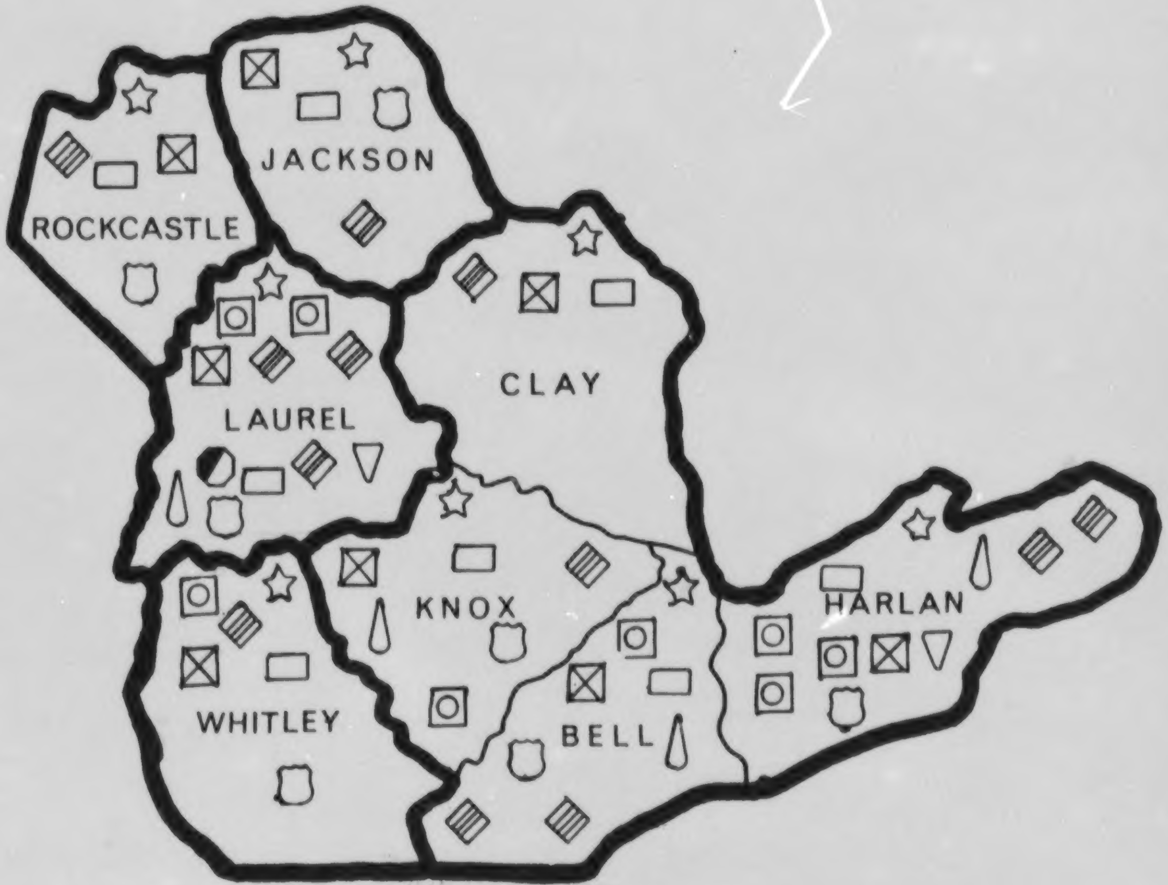
- ◇ Individual Industrial Training
- ⟠ Work Stations in Industry
- ◈ Sheltered Workshops
- ▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

- ○ Respite Care
- ◎ Core Residences
- Alternative Residences
  - ● One to three individuals
  - ◐ Four to eight individuals

SPECIALIZED SERVICES

- 💧 Speech Therapy
- ▭ Psychological Screening
- ▽ Physical Therapy
- ▷ Leisure Time Services
- ⛉ Transportation
- ✖ Resource Lending Library



REGION XIII

CUMBERLAND RIVER 334

333

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	
Infant Stimulation/ Toddler Intervention (INSTIP)	Corbin/Laurel	Preschool/Early Intervention	⧇	18
Infant Stimulation/ Toddler Intervention (INSTIP)	Harlan/Harlan	Preschool/Early Intervention	⧇	30
Lynch Preschool Center	Lynch/Harlan	Preschool/Early Intervention	⧇	15
Middlesboro Preschool Center	Middlesboro/Bell	Preschool/Early Intervention	⧇	15
Corbin Preschool Center	Corbin/Laurel	Preschool/Early Intervention	⧇	19
Williamsburg Preschool Center	Williamsburg/Whitley	Preschool/Early Intervention	⧇	34
Barbourville Preschool Center	Barbourville/Knox	Preschool/Early Intervention	⧇	15
Harlan Preschool Center	Harlan/Harlan	Preschool/Early Intervention	⧇	15
Corbin Adult Activity Center	Corbin/Laurel	Work Activity	▨	12
London Adult Activity Center	London/Laurel	Work Activity	▨	12
Manchester Adult Activity Center	Manchester/Clay	Work Activity	▨	12
McKee Adult Activity Center	McKee/Jackson	Work Activity	▨	12
London Work Activity Center	London/Laurel	Work Activity	▨	12
Mt. Vernon Adult Activity Center	Mt. Vernon/Rockcastle	Work Activity	▨	12
Williamsburg Adult Activity Center	Williamsburg/Whitley	Work Activity	▨	25

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Barbourville Adult Activity Center	Barbourville/Knox	Work Activity	▨	14
Harlan Adult Activity Center	Harlan/Harlan	Work Activity	▨	12
Lynch Adult Activity Center	Lynch/Harlan	Work Activity	▨	12
Middlesboro Adult Activity Center	Middlesboro/Bell	Work Activity	▨	13
Pineville Adult Activity Center	Pineville/Bell	Work Activity	▨	15
Corbin Group Home	Corbin/Laurel	Residential	◐	8
	All Counties	In-Home Support	☒	
	All Counties	Psychological Screening	▭	
	/Laurel	Physical Therapy	▽	
	/Harlan	Physical Therapy	▽	
	/Laurel	Speech Therapy	💧	
	/Knox	Speech Therapy	💧	
	/Bell	Speech Therapy	💧	
	/Harlan	Speech Therapy		
	/Rockcastle	Transportation	🛡	
	/Jackson	Transportation	🛡	
	/Laurel	Transportation	🛡	
	/Whitley	Transportation	🛡	
	/Knox	Transportation	🛡	
	/Bell	Transportation	🛡	
	/Harlan	Transportation	🛡	

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Corbin Sheltered Workshop	Corbin/Whitley	Sheltered Workshop	⁘	
Harlan Sheltered Workshop	Harlan/Harlan	Sheltered Workshop	⁘	
Middlesboro Sheltered Workshop	Middlesboro/Bell	Sheltered Workshop	⁘	

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

◙ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

⁘ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

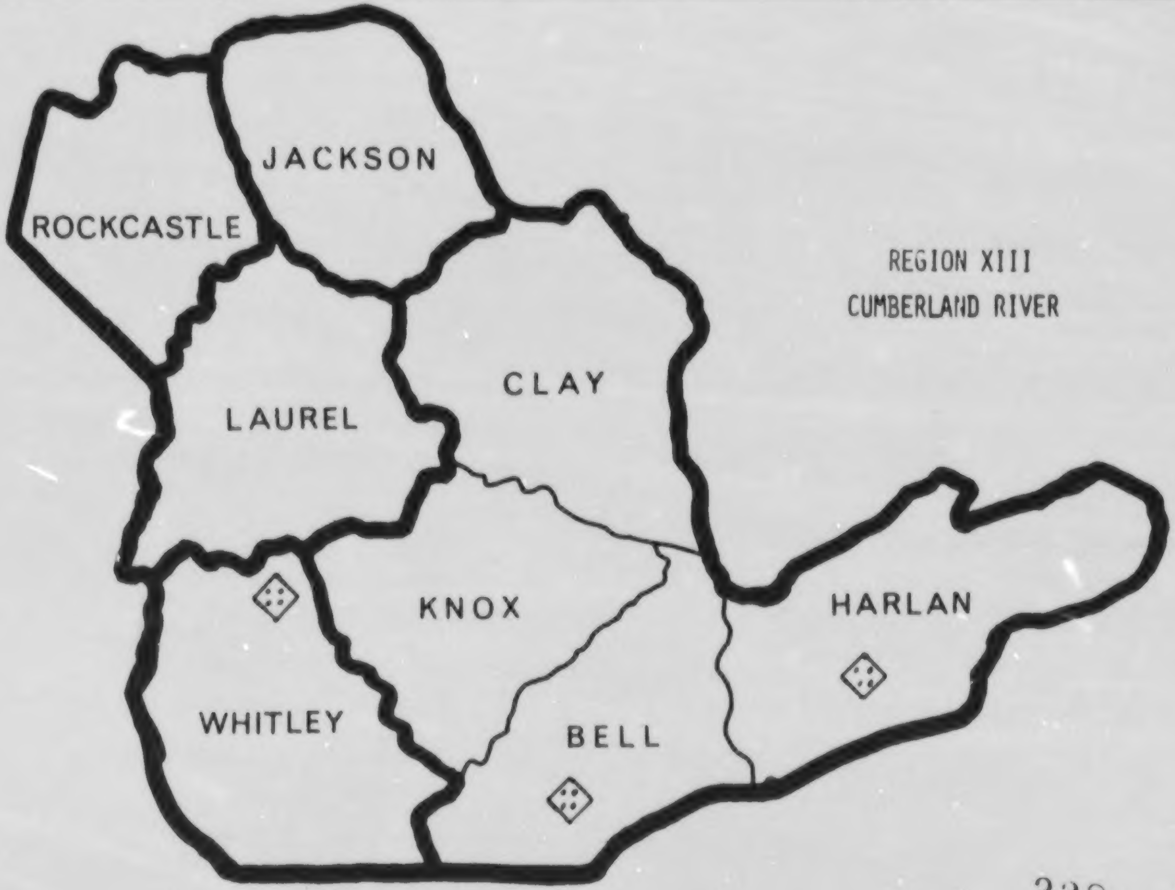
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library



REGION XIII
CUMBERLAND RIVER

337

338

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ⧇ Pre-school

HEALTH SERVICES

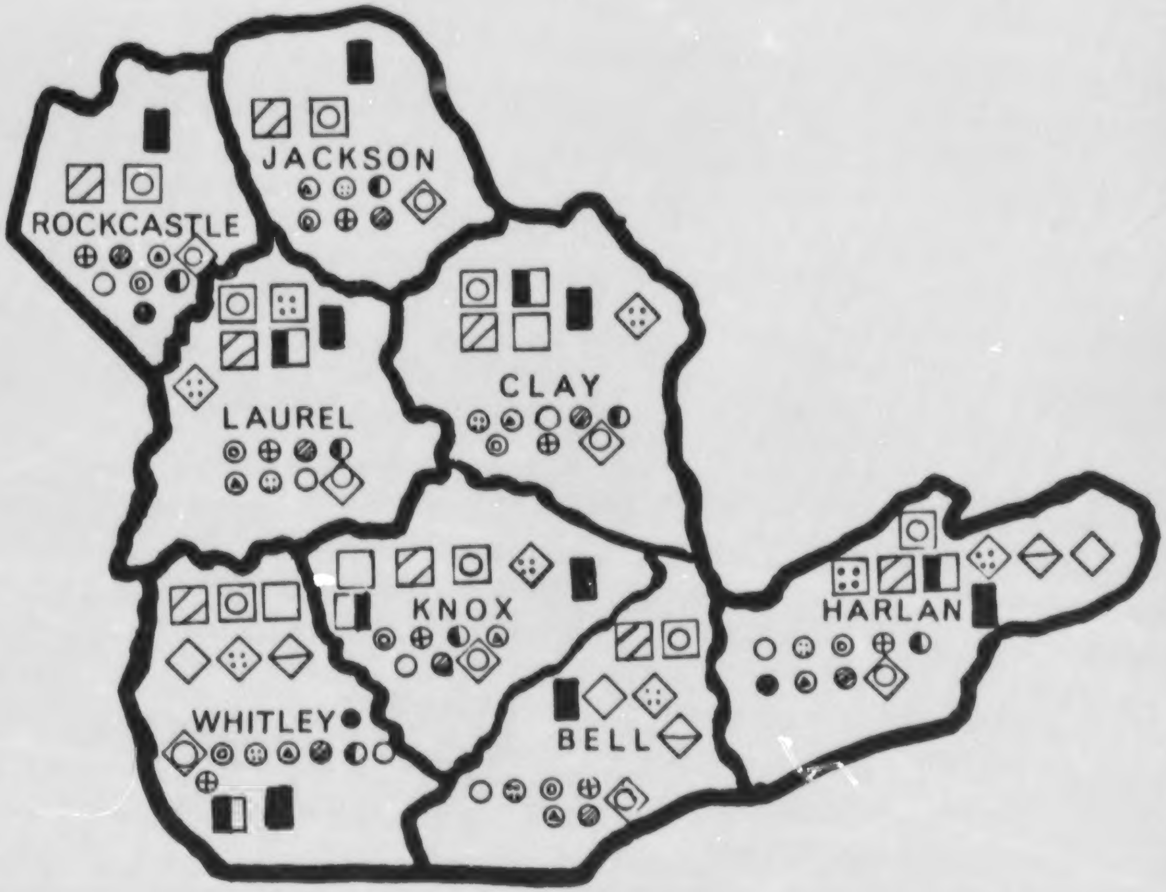
- ○ Hospital
- ⊙ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ◬ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⬖ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens

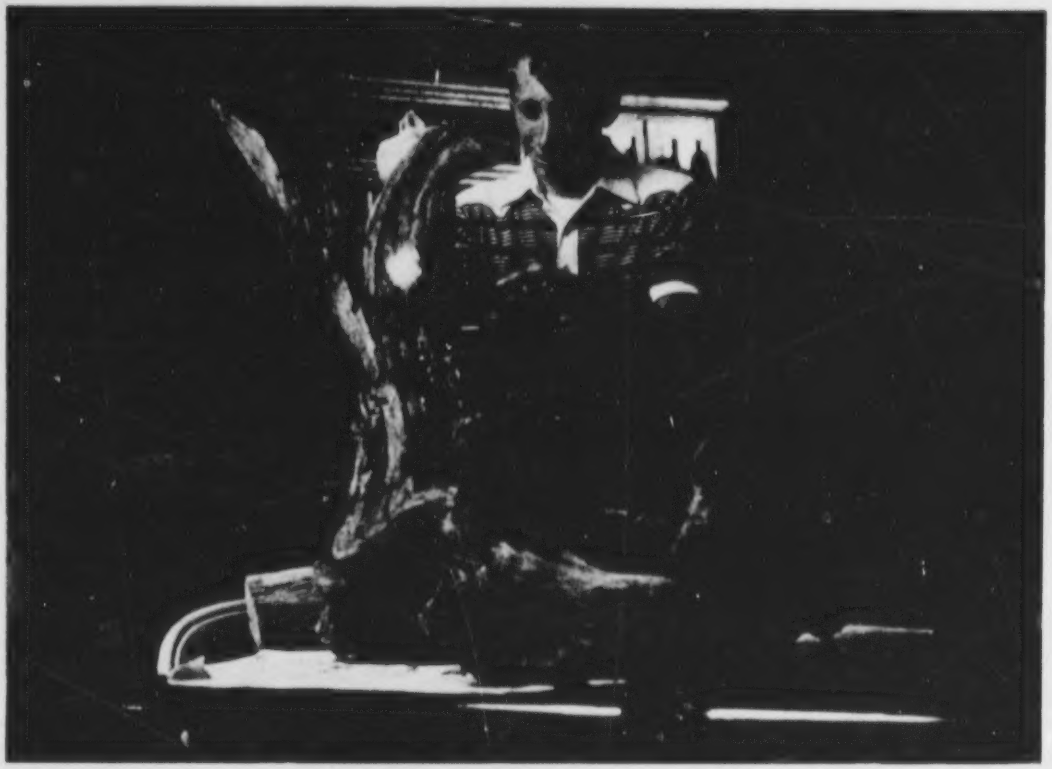


REGION XIII
CUMBERLAND RIVER

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			Council for Excep. Childr
Bell			3		7	2	1	41	9	2		1	3	1	1	1	1	1			1	1	
Clay			1	1	7	2	1	6	4	1		1	1	1	*		1				0		
Harlan		1	3	2	2	1	3	45	9	2	1	2	3	1	1	1	1	1			2	1	
Jackson			1		3		1	2	2	1		2	1	1	*						1		
Knox	1		2	1	11	1		10	3	1		1	1	2	1		1				1	1	1
Laurel		1	2	2	7	1	1	12	6	1		1	1	2	1		1						
Rockcastle			1		0	1		3	4	2	1	2	1	1	*								
Whitley	1		3		8	1	1	30	11	1		1	2	1	*	1	1	1			2		1

*Outreach Office

REGION XIV - LAKE CUMBERLAND



When Barry Faw was 14 and hard for his parents to manage, he was placed in Oakwood. His family, who lived nearby, in Eubank, visited him often while he was there, and brought him home for weekends and holidays.

At 21, after 7 years in the facility, and as part of the New Neighbors Project, Barry came home for good.

With his 2 sisters married and moved away, Barry helps his mother around the house, takes care of his own room and appearance. He is starting to help with farm chores, beginning to guide a tractor.

He seems to be talented mechanically and identifies the make and model of most cars and trucks.

He goes daily to the Somerset

work training program operated by the Lake Cumberland MH/MR Board, where he is learning to appreciate and manage the money he earns there, as well as to perform a job. "At the end of the day," Barry says, "I'm tired and ready to go home. I like it that way.

Although his adjustment has been smooth, Barry has "always been a loner and didn't accept new people easily. That seemed to be his biggest problem after he came home," his mother says.

This was a problem the MH/MR board was prepared to solve--by supplying a "backup family," a lady named Shirley Karriker and her two sons, ages 7 and 18. They take him to and from the workshop, include him in family outings and have him over for an occasional weekend. Mrs. Faw praises the backup family: "His assocation with them has taught him a lot about accepting other people and has increased his confidence in himself. Barry enjoys spending time with them, and will even take them out to lunch when he gets his paycheck each week. They've been a great help to us.

344

DESCRIPTION

HISTORY

The Lake Cumberland Regional MH/MR Board was incorporated in late 1966, and in 1967, began providing the five basic mental health services for the five counties it encompassed at the time. Lake Cumberland also started operating five training classes for school age children with mental retardation in that first year.

In 1972, came the first major changes: Oakwood, a state facility for 400 people with mental retardation, opened in Somerset; the region expanded to include ten counties; and speech therapy was added to the list of services.

In 1974, Lake Cumberland converted its day care centers to adult training centers (since public schools were then mandated to serve school-aged children), and added two preschool programs.

Not until 1980 were there further significant changes, when new interest and understanding stimulated a complete program expansion: infant stimulation and preschool services, a deinstitutionalization program, work training centers, respite care, residential services and, for all clients with mental retardation, case management.

Although parent groups have been involved in developing services since 1967, only the Pulaski County ARC had ever organized officially. Except for the school systems and the Department for Human Resources, the Lake Cumberland MH/MR Board is the only agency in the area which has established and operated programs for people with mental retardation.

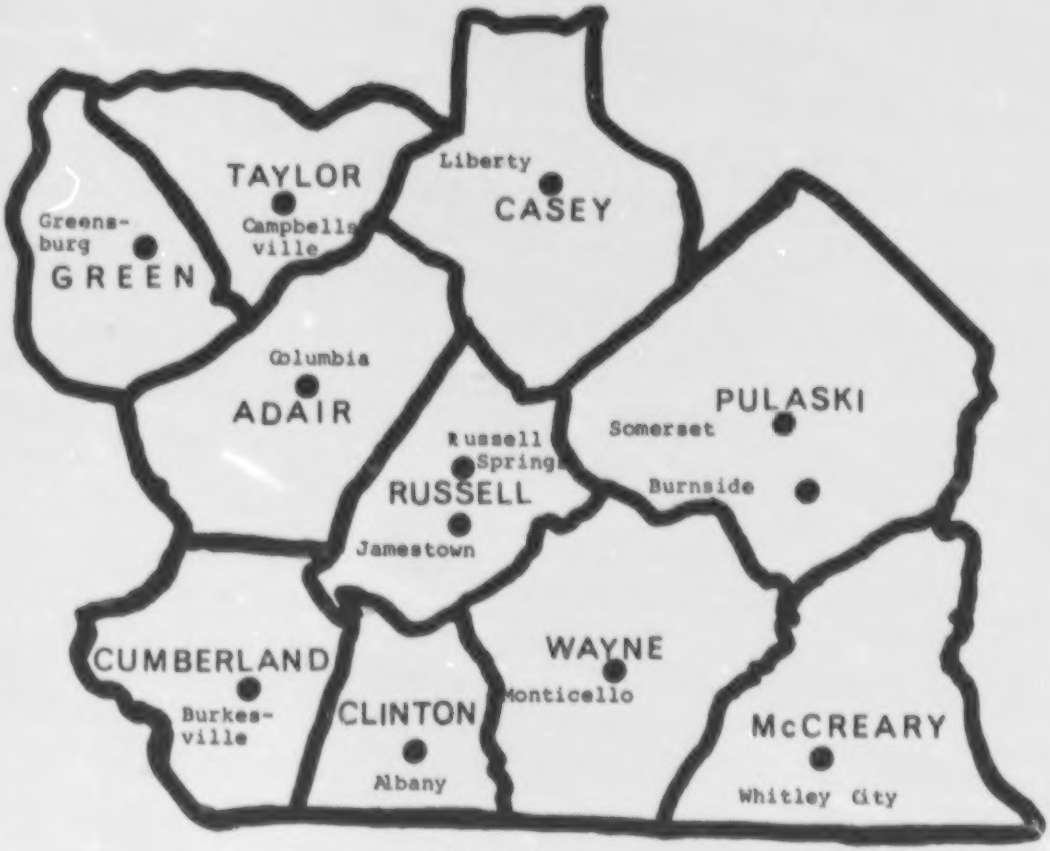
However, the Lake Cumberland Home Health Agency provides nursing, physical therapy, social services and speech therapy in all ten of the Lake Cumberland Counties. And, as a result of the growing interest in the concerns of people with mental retardation, and with the help of the KARC, Taylor County ARC held its first meeting in February, 1981 and has high hopes for the future.

SOCIO-ECONOMIC

The Lake Cumberland Region covers 3,613 square miles with a population of 164,400. The topography of the district is gently rolling with much of the surface area in cultivation, pasture and forest. Abundant timber and water are available throughout the region with coal plentiful in specific areas.

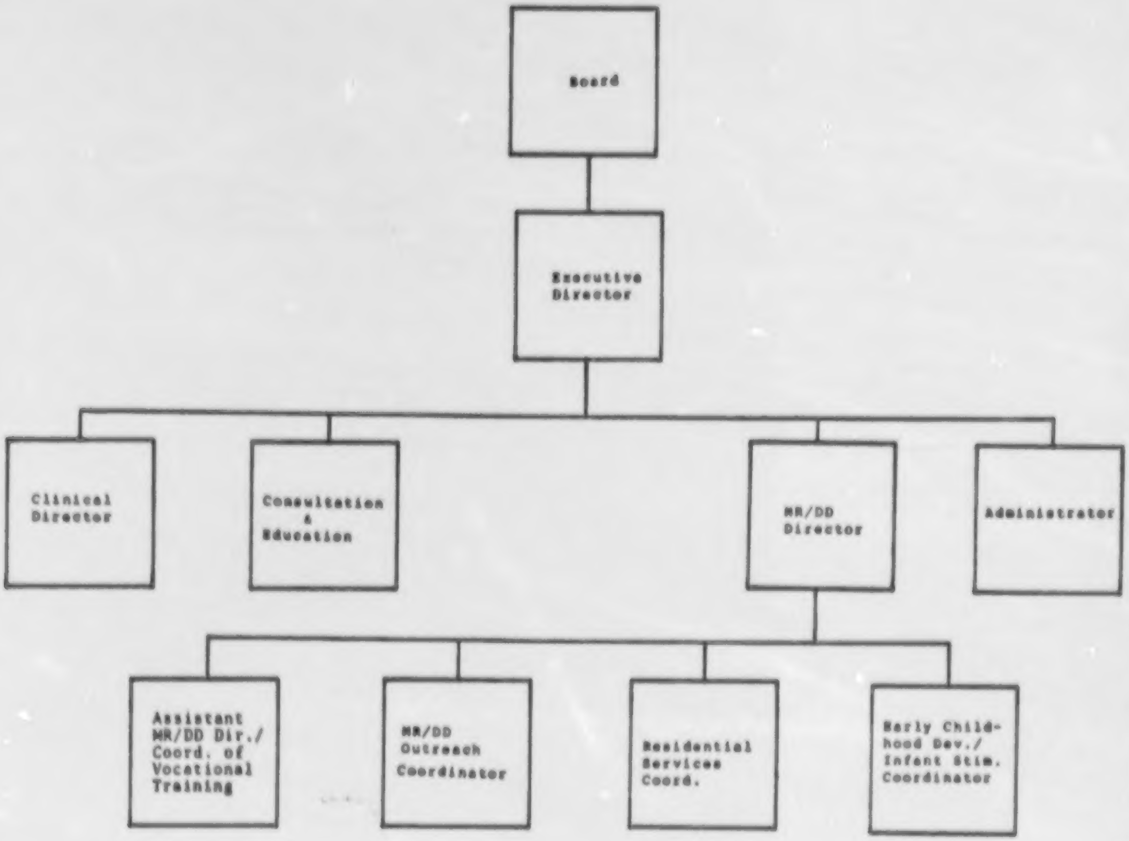
The area is characterized by great natural beauty. Three major manmade lakes dominate the landscape: Lake Cumberland, Green River Reservoir, and Dale Hollow Reservoir. The Daniel Boone National Forest forms much of the eastern boundary. Water-related recreation is outstanding.

The economy of the region is mostly farm oriented with scattered industry. Pulaski County in the east is the most populated and has the largest variety of local industry. Tourism, coal, and timber are industries common to the eastern half of the region. The western half of the region is dominated by the dairy industry and by several sewing factories. East-west roads provide better transportation than north-south roads.


TAYLOR
Campbells-
ville
Liberty
CASEY
Greens-
burg
GREEN
Columbia
ADAIR
PULASKI
Somerset
Russell
Springs
RUSSELL
Burnside
Jamestown
CUMBERLAND
Burkes-
ville
WAYNE
Monticello
CLINTON
Albany
McCREARY
Whitley City

REGION XIV
LAKE CUMBERLAND

STRUCTURE


Board
Executive Director
Clinical Director
Consultation & Education
MR/DD Director
Administrator
Assistant MR/DD Dir./ Coord. of Vocational Training
MR/DD Outreach Coordinator
Residential Services Coord.
Early Child-hood Dev./ Infant Stim. Coordinator

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

▣ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

◇ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

- ● One to three individuals
- ◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

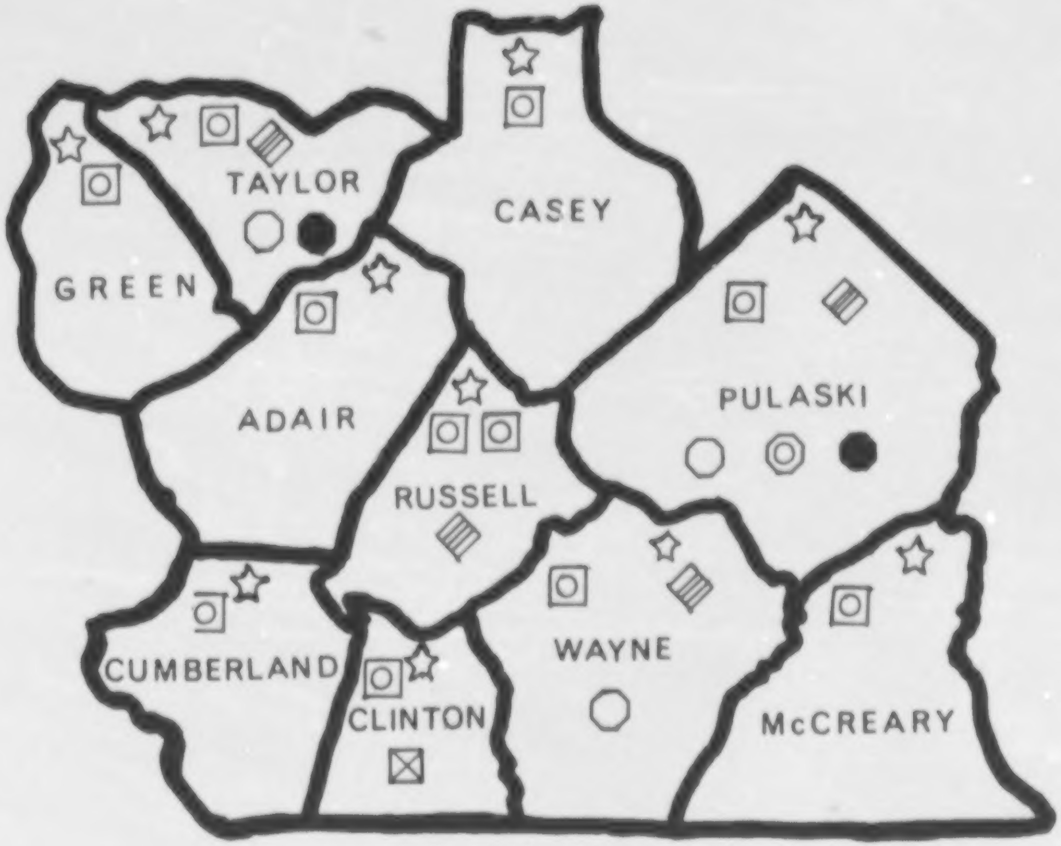
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⬡ Transportation

✖ Resource Lending Library


TAYLOR
CASEY
GREEN
ADAIR
PULASKI
RUSSELL
CUMBERLAND
CLINTON
WAYNE
McCREARY

REGION XIV

LAKE CUMBERLAND

349

330

MENTAL RETARDATION SERVICES OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management	All Counties	Case Management	☆	180
Pre-School/Early Intervention - Russell County Pre-School	Russell Springs/Russell	Preschool	⧇	12
Infant Stimulation	All Counties	Infant Stimulation	⧇	15
Pulaski County Work Activity	Somerset/Pulaski	Work Activity	▨	19
Wayne County Work Activity Center	Monticello/Wayne	Work Activity	▨	9
Taylor County Work Activity Center	Campbellsville/Taylor	Work Activity	▨	10
Russell County Work Activity Center	Russell Springs/Russell	Work Activity	▨	20
Core Residence	Somerset/Pulaski	Residential	◎	6
Alternative Residence	/Pulaski	Residential	●	
Alternative Residence	/Taylor	Residential	●	
Respite Care	/Pulaski	Residential	○	
Respite Care	/Taylor	Residential	○	
Respite Care	/Wayne	Residential	○	
In-Home Support	Albany/Clinton	In-Home Support	☒	

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Pulaski County Pre-School	Somerset/Pulaski	Preschool	⊡	10-12

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention
☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training
◇ Work Stations in Industry
◇ Sheltered Workshops
▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

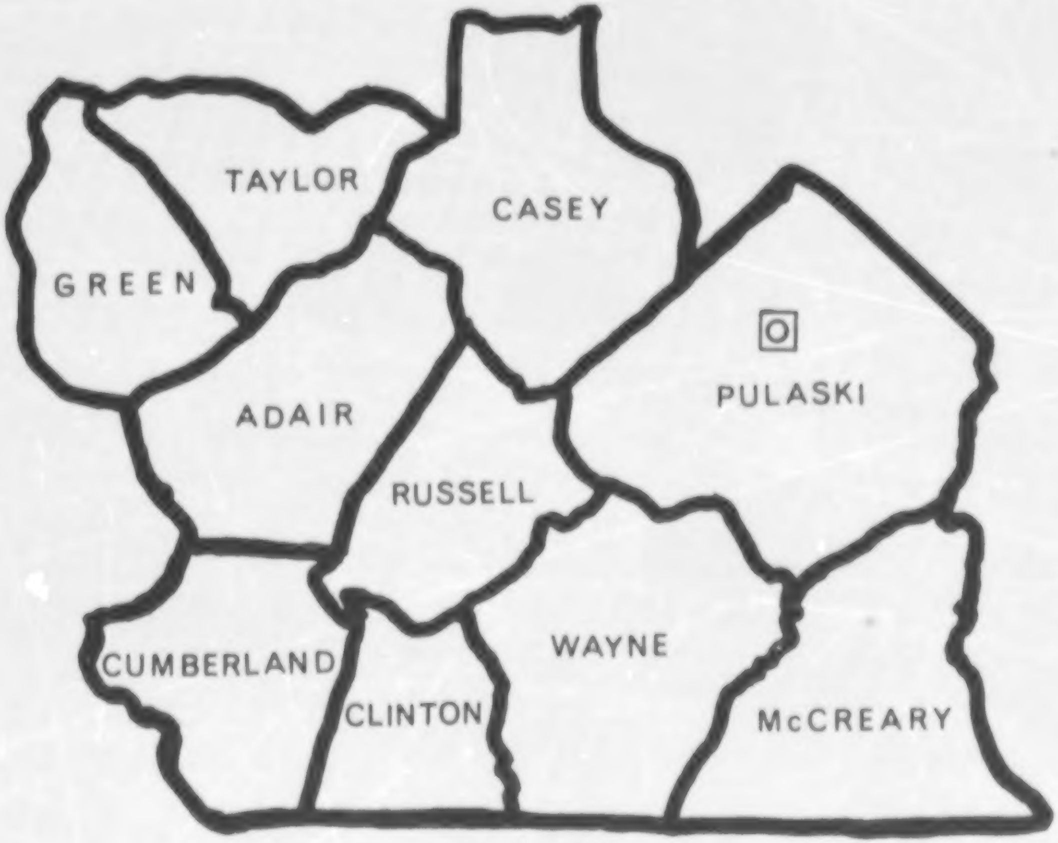
○ Respite Care
◎ Core Residences

Alternative Residences

● One to three individuals
◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
▢ Transportation
✖ Resource Lending Library



REGION XIV
LAKE CUMBERLAND

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Caprice Industries	Somerset/Pulaski	Work Activity	▨	25
Lake Cumberland Home Health	Somerset/Pulaski	Early Intervention	⊡	20
	Somerset/Pulaski	In-Home Support	☒	
	Somerset/Pulaski	Speech Therapy	△	
	All Counties	Physical Therapy	▽	
Cumberland Area Transit System	Russell Springs/Russell	Transportation	🛡	40

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention
☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training
◇ Work Stations in Industry
◇ Sheltered Workshops
▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

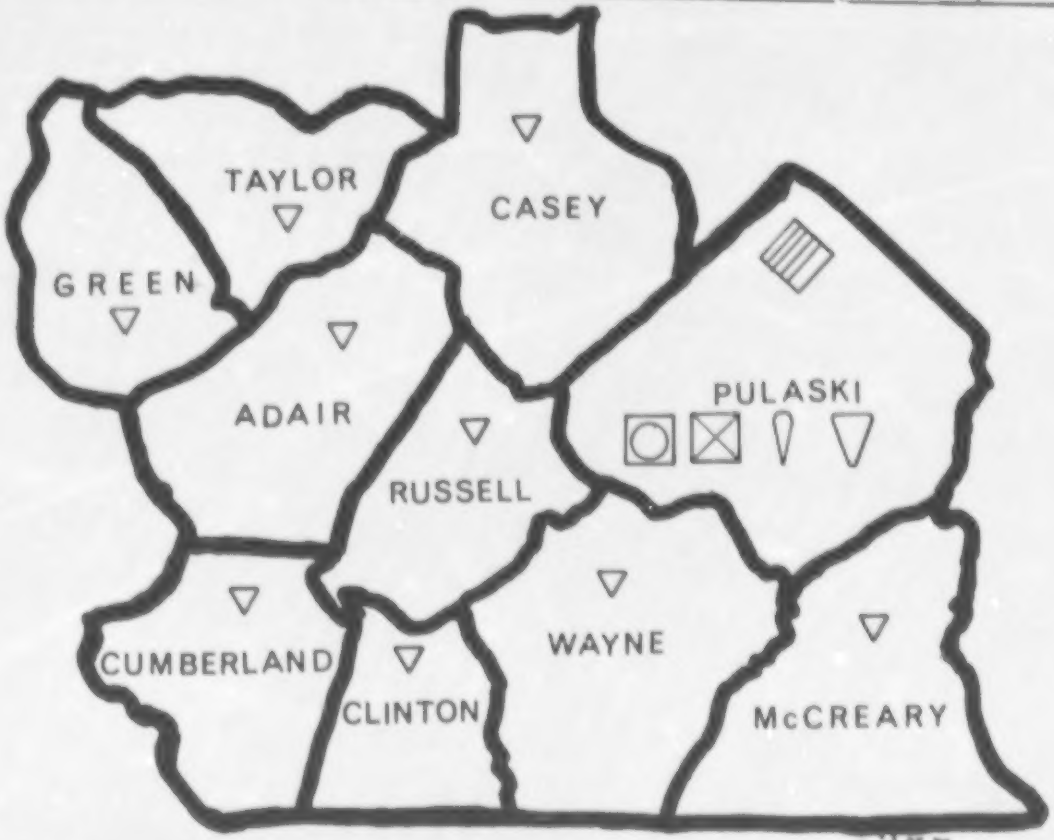
○ Respite Care
◎ Core Residences

Alternative Residences

● One to three individuals
◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy
▭ Psychological Screening
▽ Physical Therapy
▷ Leisure Time Services
🛡 Transportation
✖ Resource Lending Library



COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- ☐ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ◙ Pre-school

HEALTH SERVICES

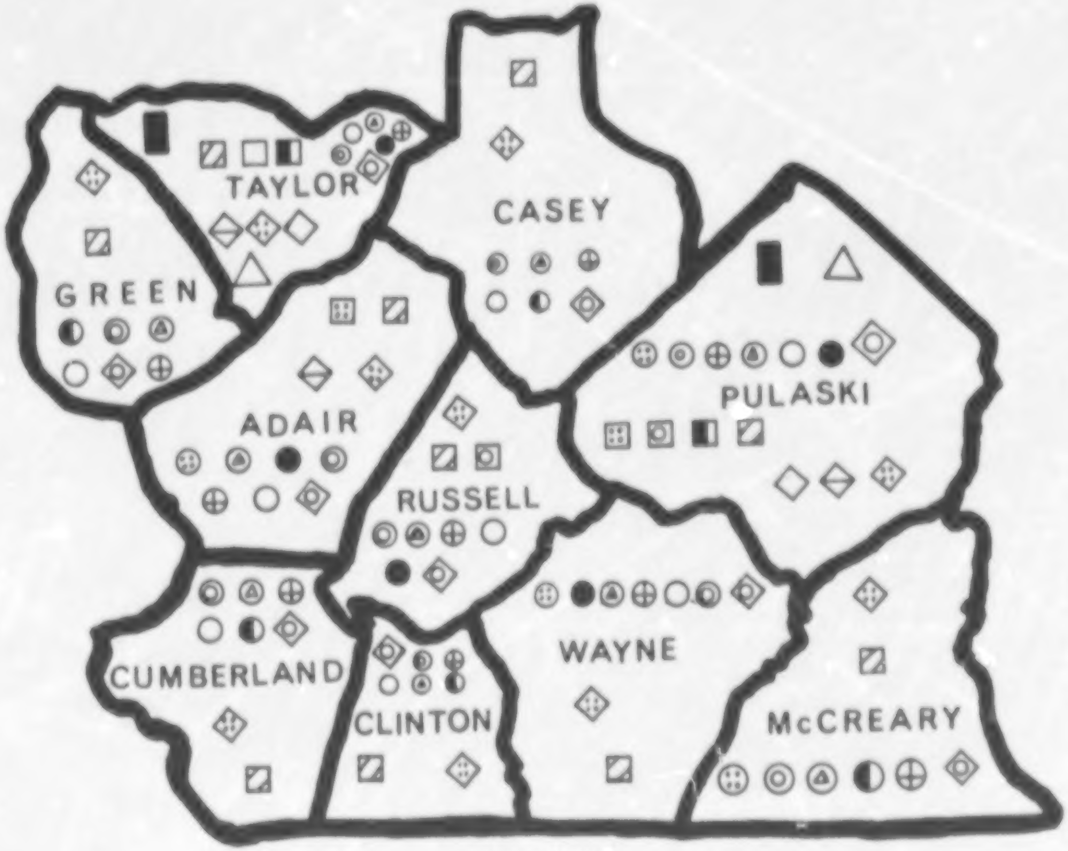
- ○ Hospital
- ⁘ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- Ⓐ Emergency Rescue Service
- ⊜ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟡ CETA Office
- ⬗ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


TAYLOR
CASEY
GREEN
ADAIR
PULASKI
RUSSELL
WAYNE
CUMBERLAND
CLINTON
McCREARY

REGION XIV

LAKE CUMBERLAND

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Adair	0	1	1	0	0	1	1	7	5	0	1	2	Part of Health Department	1/1	0	0	1	1	0	*			
Casey	0	0	1	0	0	1	0	6	4	1	0	2		1/1	0	0	1	0	0	0			
Clinton	0	0	1	0	0	1	0	6	2	1	0	2		1/1	0	0	1	0	0	*			
Cumberland	0	0	1	0	0	1	0	3	2	1	0	2		1/1	0	0	1	0	0	*			
Green	0	0	1	0	0	1	0	7	3	1	0	2		1	0	0	1	0	0	0			
McCreary	0	0	1	0	0	0	1	6	3	1	0	1		1	0	0	1	0	0	0			
Pulaski	0	1	3	1	1	1	3	43	6	0	1	2		1/1	1	1	1	1	0	1			
Russell	0	0	1	0	1	1	0	7	1	0	1	2		1	0	0	1	0	0	*			
Taylor	1	0	2	1	0	1	0	14	9	0	1	2		1/1	1	1	1	1	0	1			
Wayne	0	0	2	0	0	1	1	10	3	0	1	2		1/1	0	0	1	0	0	0			

*There is a community group but not an A.R.C.

REGION XV - BLUEGRASS

In Frankfort, "Wildcats still means Kentucky sports; it also denotes a local social club for 15 young men and women which has flourished and grown since its early-1973 beginnings. Today, the Wildcats are headed by their first full-time director, Max Appel (formerly on the WKU Physical Education/Recreation staff), and are one of the programs of CONTACT, a private non-profit agency which provides residential, leisure and vocational services for citizens with mental retardation in the 7-county Bluegrass West area.

Now in their 20's and 30's, members have met weekly for 8 1/2 years, to enjoy a variety of recreational and community experiences, and to improve social and motor skills, through: role playing, individual and group sharing and activities; campaigning and election of officers, and regular parliamentary meetings; parlor, board and active games; sports, yoga and aerobics; arts, music, crafts and dance; guest speaker and field trips.

Most of the Wildcats, like their former leader Vicki Hayes and former co-leader, District Judge Bill Graham, have been with the group almost from its inception. In 1975--after some study of government and the voting process with Judge Graham--they visited the General Assembly, met legislators and lobbyists, studied and discussed political issues at home and at Wildcat meetings, then all registered to vote. Most have voted every election since then, often different from each other and from their family's politics.

Wildcats prepare for every outing by discussion, role-playing and discreet observation of others to dress and conduct themselves appropriately at fairs, farms and factories; restaurants, movies, parties and symphonies; skating, shopping and Shakespeare in the Park. Friendships, a bowling team and YMCA involvement are some of the many Wildcat bonuses.

Appel has organized a totally-volunteer, free College for Living program at Kentucky State University which is scheduled to start in January, 1982. College for Living students will register alongside regular KSU students and attend classes at the same hours in the same buildings as other part-time enrollees. Tuition is free. Volunteer instructors--professors, college students, professional and lay citizens--will teach such subjects as How to Use a Camera, Basic Money Skills, Puppet Making, Developmental Reading, Grooming, Mural Making, Home Safety and Repairs, Calculator Math, Quilting, Playing Card and Board Games, Dating, Letter Writing, Learning to Camp, Square Dancing, Candlemaking, Macrame, Library Usage, Community Travel and Music Appreciation.

Appel also recruits volunteers to serve as drivers and classroom aides for College for Living, and as leaders and co-leaders for Wildcats and other similar groups which are being established. One of these new groups, the Thoroughbreds has already started meeting in Woodford County, and there will soon be another group in Franklin and groups in both Anderson and Shelby Counties. All will be part of a large, area-wide self-advocacy program, one of three self-advocacy pilot projects in Kentucky.

CONTACT executive director, Claudia De Marco Barrett calls the College for Living, the Wildcats and Self-Advocacy "an enlightened way to learn and grow, quite different from the old days of going to the home and taking a client by the hand."

Wildcat parents, supporters of the program from the beginning, say Wildcats is "the first real social life my daughter ever had" and a place "where members do things they never did before, may never have done without the Wildcats."

DESCRIPTION

HISTORY

The Bluegrass Regional Mental Health/Mental Retardation Board, Inc. (Region XV) was formed in 1971 as a result of a merger of the Central Kentucky and Southern Bluegrass Mental Health/Mental Retardation Boards. Their merger joined together the seventeen counties currently served by the Board today. The division of the region into three catchment areas was established at that time.

The only public residential facility for adults in this region is Eastern State Hospital; established in Lexington in 1824; it is the second such facility west of the Alleghenies and the oldest continuously-run state facility for the mentally ill in the United States. The Danville Youth Development Center is a state-operated residential facility for court-committed juvenile offenders, and Project Re-Ed is a state-operated educational residential facility for emotionally disturbed children.

There are two privately operated residential facilities in the region which serve children and adults with mental retardation: the Stewart Home, near Frankfort, for 280 residents; and Excepticon, in Lexington, for 180 residents.

Bourbon, Fayette, Franklin, Madison, Scott and Woodford Counties have Associations for Retarded Citizens. With the exception of Woodford County, each ARC operates a preschool or adult program for that county. The Bluegrass Association in Fayette County operates a preschool and work training program as well as a group home. Clark, Jessamine, Estill, Harrison and Mercer Counties each have other parent-advocacy organizations. With the exception of Mercer, each county provides an adult training program. Jessamine County also operates a preschool program. All these groups are affiliated with the Bluegrass Mental Health/Mental Retardation Board, Inc., and receive part of their funding from the Board.

Two other affiliated private service providers are: Committee on Normalization to Achieve Community Transition (CONTACT) and United Cerebral Palsy of the Bluegrass (UCPB). CONTACT, based in Frankfort, develops and operates residential and leisure programs for adults with mental retardation. UCPB was established in 1958 to offer preschool and infant stimulation services to children with developmental delays, and operates programs in Lexington, Frankfort, Richmond-Berea and Danville.

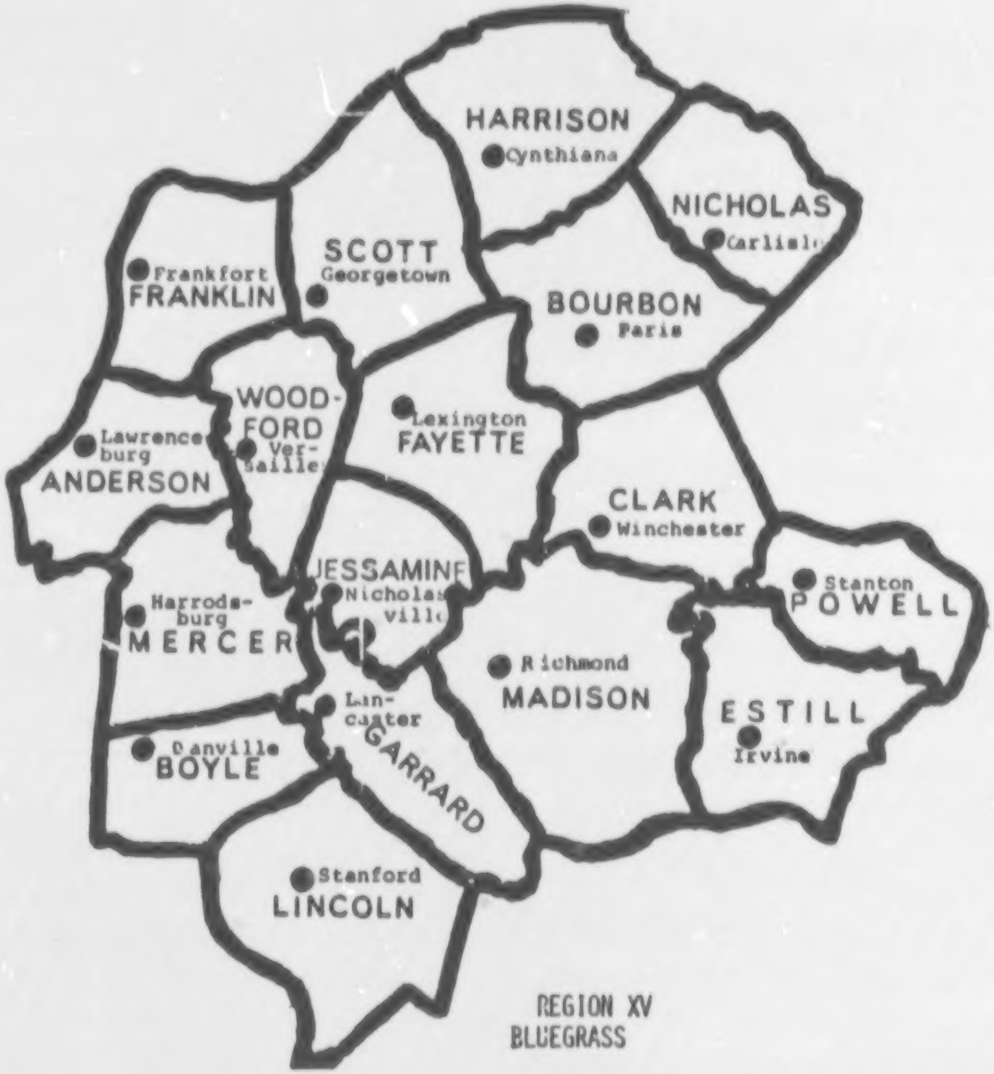
The Opportunity Workshop of Lexington (OWL), a private work-oriented sheltered workshop serving 130 clients daily, was founded by the Junior League of Lexington in 1961 and is funded partly by the Bureau for Rehabilitation Services.

SOCIO-ECONOMIC

The Bluegrass is the largest geographic region in Kentucky, covering 17 counties and 4,316 square miles. With a population of 517,600 second only to the region which includes Louisville, this region is expected to be one of the five fastest growing areas in the state during the next 20 years. (A growth rate of 23.96% is anticipated).

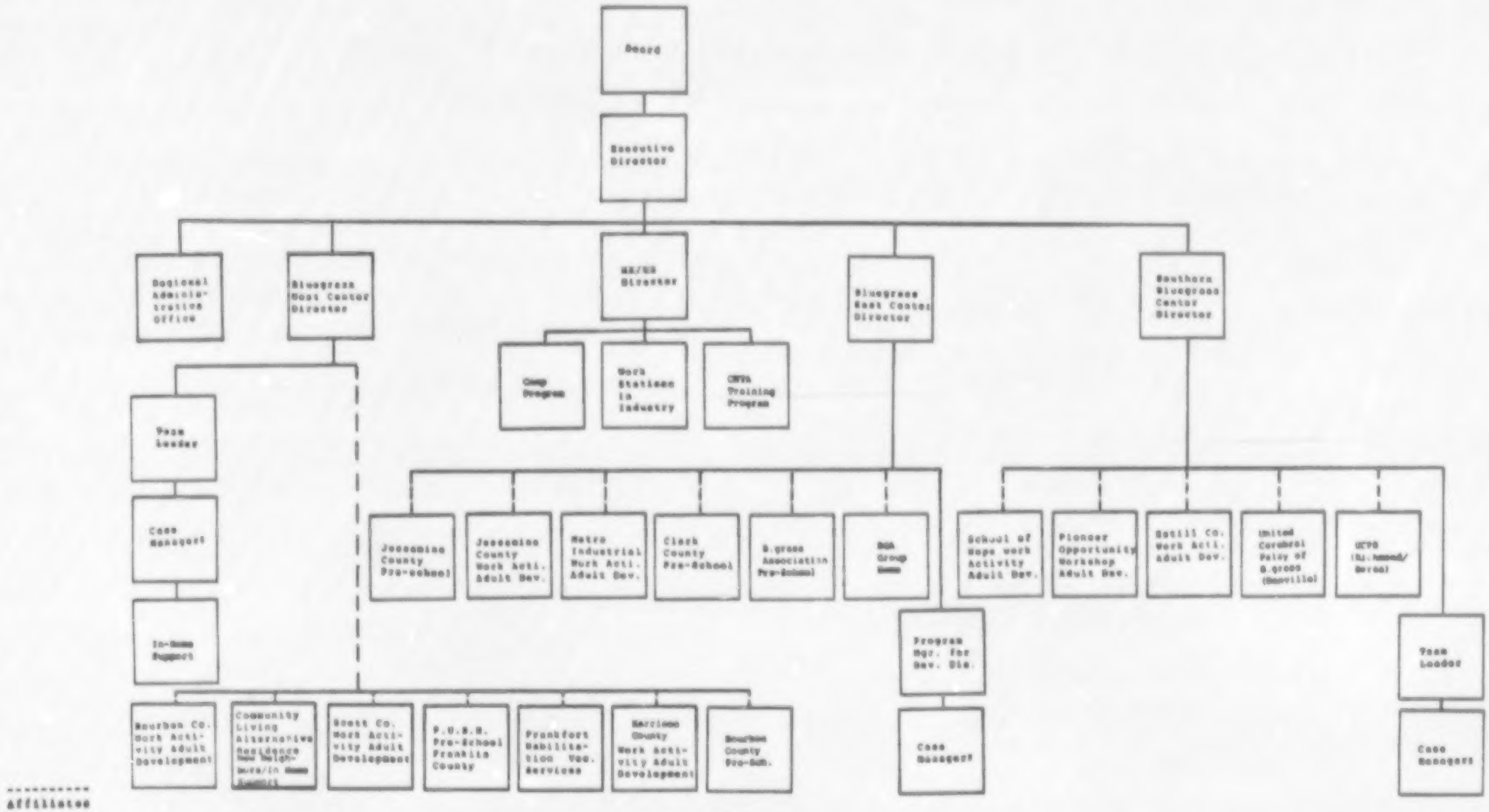
Five Region XV counties are included in the Appalachian area, with a significant percentage of individuals earning incomes below poverty level: Lincoln, 39.33%; Garrard, 35.53%; Estill, 37.53%; Clark, 20.92% and Powell, 47.87%.

The seventeen Bluegrass counties demonstrate a variety of major sources of personal income: Manufacturing (Anderson, Boyle, Clark, Harrison, Jessamine, Mercer, Nicholas, Scott, Woodford); Farming (Bourbon, Garrard, Lincoln); Mining (Estill); Government (Fayette, Franklin, Madison, Powell).


HARRISON
Cynthiana
NICHOLAS
Carlisle
SCOTT
Georgetown
Frankfort
FRANKLIN
BOURBON
Paris
WOOD-FORD
Versailles
Lexington
FAYETTE
Lawrenceburg
ANDERSON
CLARK
Winchester
JESSAMINE
Nicholasville
Stanton
POWELL
Harrodsburg
MERCER
Richmond
MADISON
ESTILL
Irvine
Lancaster
GARRARD
Danville
BOYLE
Stanford
LINCOLN

REGION XV
BLUEGRASS

STRUCTURE


Board
Executive Director
Regional Administrative Office
Bluegrass West Center Director
MR/DD Director
Bluegrass East Center Director
Southern Bluegrass Center Director
Camp Program
Work Stations in Industry
CETA Training Program
Team Leader
Case Managers
In-Home Support
Jessamine County Pre-school
Jessamine County Work Acti. Adult Dev.
Metro Industrial Work Acti. Adult Dev.
Clark County Pre-School
B.grass Association Pre-School
BGA Group Home
School of Hope Work Activity Adult Dev.
Pioneer Opportunity Workshop Adult Dev.
Estill Co. Work Acti. Adult Dev.
United Cerebral Palsy of B.grass (Danville)
UCPB (Richmond/Berea)
Program Mgr. for Dev. Dis.
Case Managers
Team Leader
Case Managers
Bourbon Co. Work Activity Adult Development
Community Living Alternative Residence New Neighbors/In Home Support
Scott Co. Work Activity Adult Development
P.U.S.H. Pre-School Franklin County
Frankfort Habilitation Voc. Services
Harrison County Work Activity Adult Development
Bourbon County Pre-Sch.
Affiliates

May, 1981

BEST COPY AVAILABLE

SERVICES PROVIDED BY REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

- ⊡ Preschool/Early Intervention
- ☒ In-Home Support

VOCATIONAL SERVICES

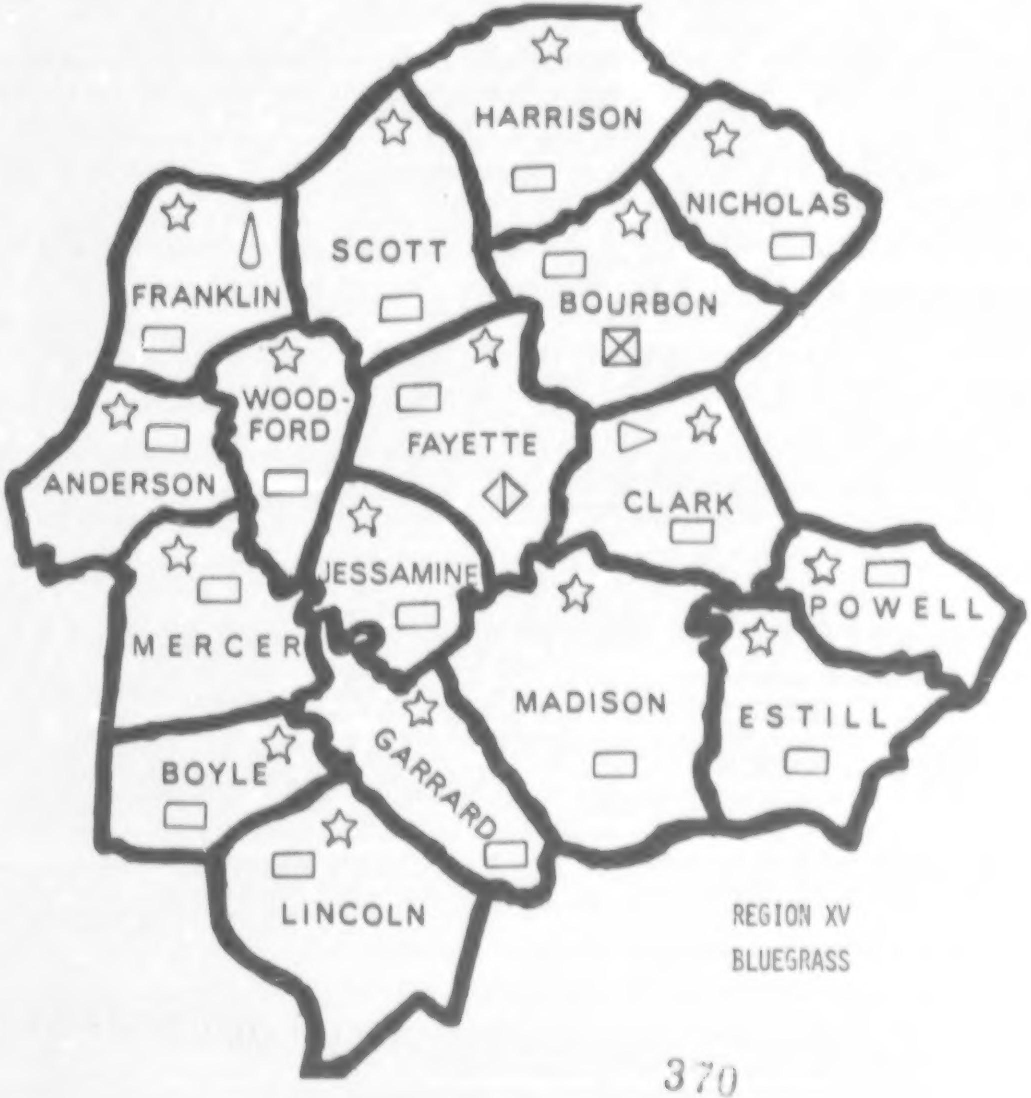
- ◇ Individual Industrial Training
- ◇ Work Stations in Industry
- ◇ Sheltered Workshops
- ◆ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

- ○ Respite Care
- ◎ Core Residences
- Alternative Residences
  - ● One to three individuals
  - ◐ Four to eight individuals

SPECIALIZED SERVICES

- Speech Therapy
- ▭ Psychological Screening
- ▽ Physical Therapy
- ▷ Leisure Time Services
- Transportation
- ✖ Resource Lending Library


HARRISON
NICHOLAS
SCOTT
BOURBON
FRANKLIN
WOOD-FORD
FAYETTE
ANDERSON
CLARK
JESSAMINE
POWELL
MERCER
MADISON
ESTILL
BOYLE
GARRARD
LINCOLN
REGION XV
BLUEGRASS

MENTAL RETARDATION PROGRAMS OPERATED DIRECTLY BY THE REGIONAL COMMUNITY MENTAL HEALTH-MENTAL RETARDATION BOARD

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Case Management Services	All Counties	Case Management	☆	129
Speech Therapy	Frankfort/Franklin	Speech/language	▽	
Psychological Screening	All Counties	Psycnological Screening	▭	
Camp Wesley Woods	Winchester/Clark (serves all counties)	Recreation	▷	150/year
Work Station in Industry	Lexington/Fayette	Vocational	◇	5
In-Home Support	Paris/Bourbon	In-home Support	☒	1

SERVICES PROVIDED BY PRIVATE AFFILIATES OF THE REGION

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

⊠ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◈ Work Stations in Industry

⁘ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

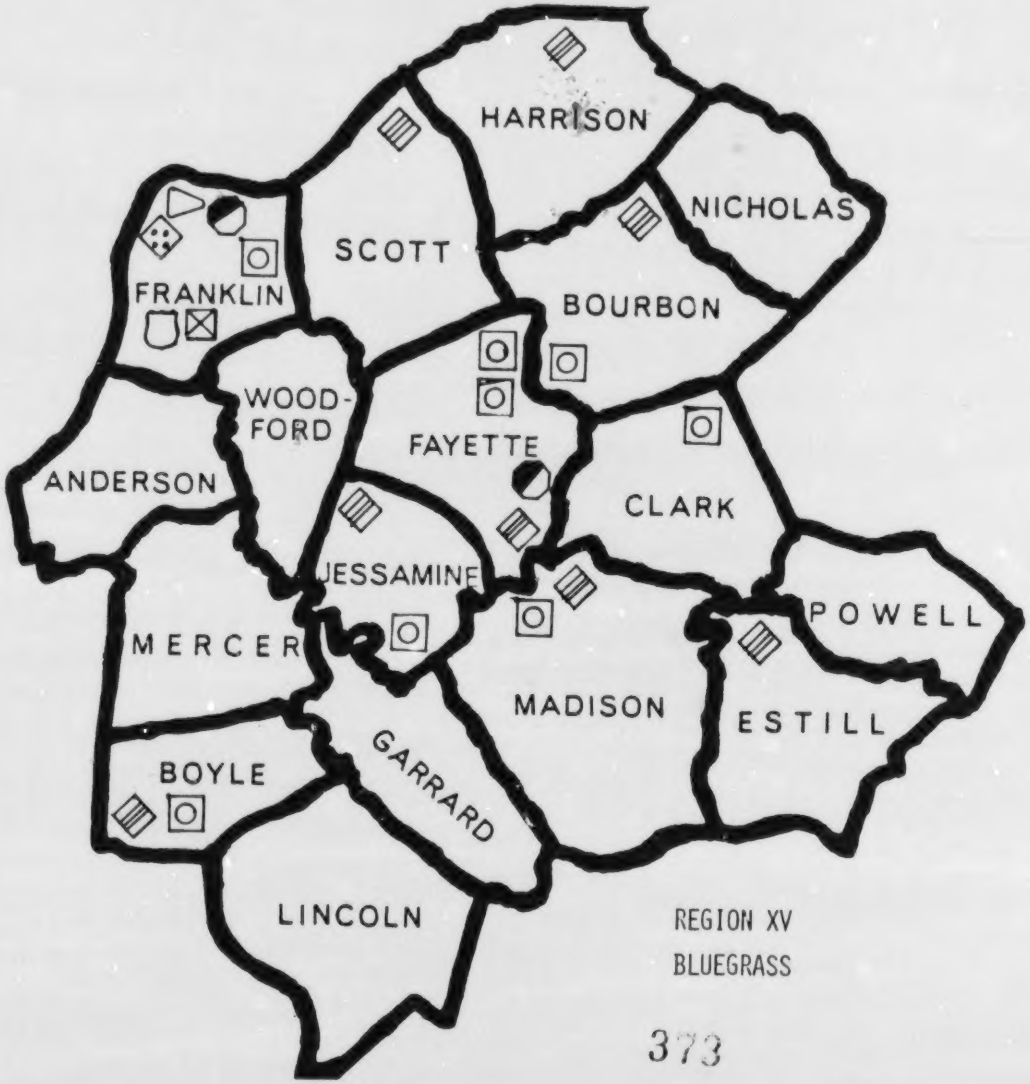
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⛉ Transportation

✖ Resource Lending Library


HARRISON
NICHOLAS
SCOTT
FRANKLIN
BOURBON
WOOD-FORD
FAYETTE
ANDERSON
CLARK
JESSAMINE
MERCER
POWELL
MADISON
ESTILL
BOYLE
GARRARD
LINCOLN
REGION XV
BLUEGRASS

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Bluegrass Association for Retarded Citizens	Lexington/Fayette	Residential-Group Home for men	◐	15*
CONTACT, Inc.	Frankfort/Franklin Frankfort/Franklin	Residential - Core Residence Residential-Supervised Apt.	◎ ●	
CONTACT, Inc.	Frankfort/Franklin Frankfort/Franklin	Leisure Activities In-Home Support	▷ ☒	
Metro Industrial Services	Lexington/Fayette	Work Activities	▨	132
Frankfort Habilitation	Frankfort/Franklin	Sheltered Employment	⁙	27*
Jessamine County Adult Training Center	Nicholasville/Jessamine	Work Activity	▨	11*
Bourbon County Adult Training Center	Paris/Bourbon	Work Activity	▨	19*
Pioneer Opportunity Workshop	Danville/Boyle	Work Activity	▨	21*
Scott County Developmental Achievement Center	Georgetown/Scott	Work Activity	▨	15*
Harrison County Adult Training Center	Cynthiana/Harrison	Work Activity	▨	21*

*Actual Number served July - December as reported by affiliates

MENTAL RETARDATION SERVICES OPERATED THROUGH AFFILIATE AGENCIES

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
School of Hope	Richmond/Madison	Work Activity	◈	23*
Estill County Adult Training Center	Irvine/Estill	Work Activity	◈	9*
Jessamine County Early Childhood Development Center	Wilmore/Jessamine	Preschool	⧇	12*
Bluegrass Association Preschool	Lexington/Fayette	Preschool	⧇	29*
Clark County Early Childhood Development Center	Winchester/Clark	Preschool	⧇	23*
Bourbon County Child Development Day Care Center	Paris/Bourbon	Preschool	⧇	15*
United Cerebral Palsy of the Bluegrass	Richmond-Berea/Madison	Preschool	⧇	21*
P.U.S.H. Preschool	Frankfort/Franklin	Preschool	⧇	
United Cerebral Palsy of the Bluegrass	Danville/Boyle	Preschool	⧇	9

*Actual number served July - December 1980 as reported by affiliates

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industri[illegible]	A.R.C.			
Anderson	0	0	1	0	1	0	0	2	5	1	1	1	1	1	0	0	0	1	0	0	0		
Bourbon	0	0	0	2	0	2	1	1	7	10	4	1	1	0	1	1	1	1	0	1	1		
Boyle	1	1	2	1	4	1	0	38	16	1	1	1	0	2	1	1	1	1	0	0	0		
Clark	0	0	1	1	7	1	0	17	13	2	1	1	0	1	1	1	1	1	0	0	1		
Estill	0	0	1	0	0	1	1	4	3	1	1	1	0	1	0	0	1	0	0	0	1		
Fayette	6	1	1	13	34	9	21	550	222	1	1	2	2	1	1	1	1	1	0	1	0		
Franklin	1	0	1	2	2	1	2	22	21	2	2	1	1	1	1	1	1	1	1	1	0		
Garrard	0	0	1	0	2	1	1	5	4	0	1	3	0	2	0	0	0	0	0	0	0		
Harrison	0	0	1	0	1	1	0	7	6	0	1	1	0	1	0	0	1	1	0	0	1		
Jessamine	2	0	1	0	3	0	0	3	6	0	1	1	0	1	0	0	0	0	0	0	1		
Lincoln	0	0	1	0	2	1	1	5	4	2	1	3	0	2	0	0	0	1	0	0	0		
Madison	1	1	3	0	2	2	1	30	19	3	1	2	2	1	1	1	1	1	0	1	0		
Mercer	0	0	3	1	5	1	0	7	6	1	1	2	1	1	0	0	1	1	0	0	1		
Nicholas	0	0	1	0	1	1	0	3	2	1	1	1	1	1	0	0	1	1	0	0	0		
Powell	0	0	1	0	0	0	1	3	4	1	0	1	1	1	0	0	0	0	0	0	1		
Scott	1	0	1	1	3	1	0	5	6	0	1	1	0	1	0	0	1	1	0	1	0		
Woodford	1	0	1	0	1	1	0	3	6	1	1	1	1	1	0	0	1	1	0	1	0		

*The outpatient offices of the Regional MH/MR Board are reported under "Mental Health Centers". This line was changed to show HeadStart programs.

THE BLUEGRASS REGION OFFERS A VARIETY OF WORK TRAINING SITES INCLUDING RESTAURANTS, DAY CARE CENTERS, AND INDUSTRY

OTHER SERVICES WITHIN THE REGION OPERATED PRIVATELY

SYMBOLS FOR SERVICE DEFINITIONS

☆ Case Management

EDUCATIONAL OR RELATED SERVICES

⊡ Preschool/Early Intervention

☒ In-Home Support

VOCATIONAL SERVICES

◇ Individual Industrial Training

◇ Work Stations in Industry

⁘ Sheltered Workshops

▨ Work Activity (Adult Activity)

ALTERNATIVE RESIDENTIAL SERVICES

○ Respite Care

◎ Core Residences

Alternative Residences

● One to three individuals

◐ Four to eight individuals

SPECIALIZED SERVICES

△ Speech Therapy

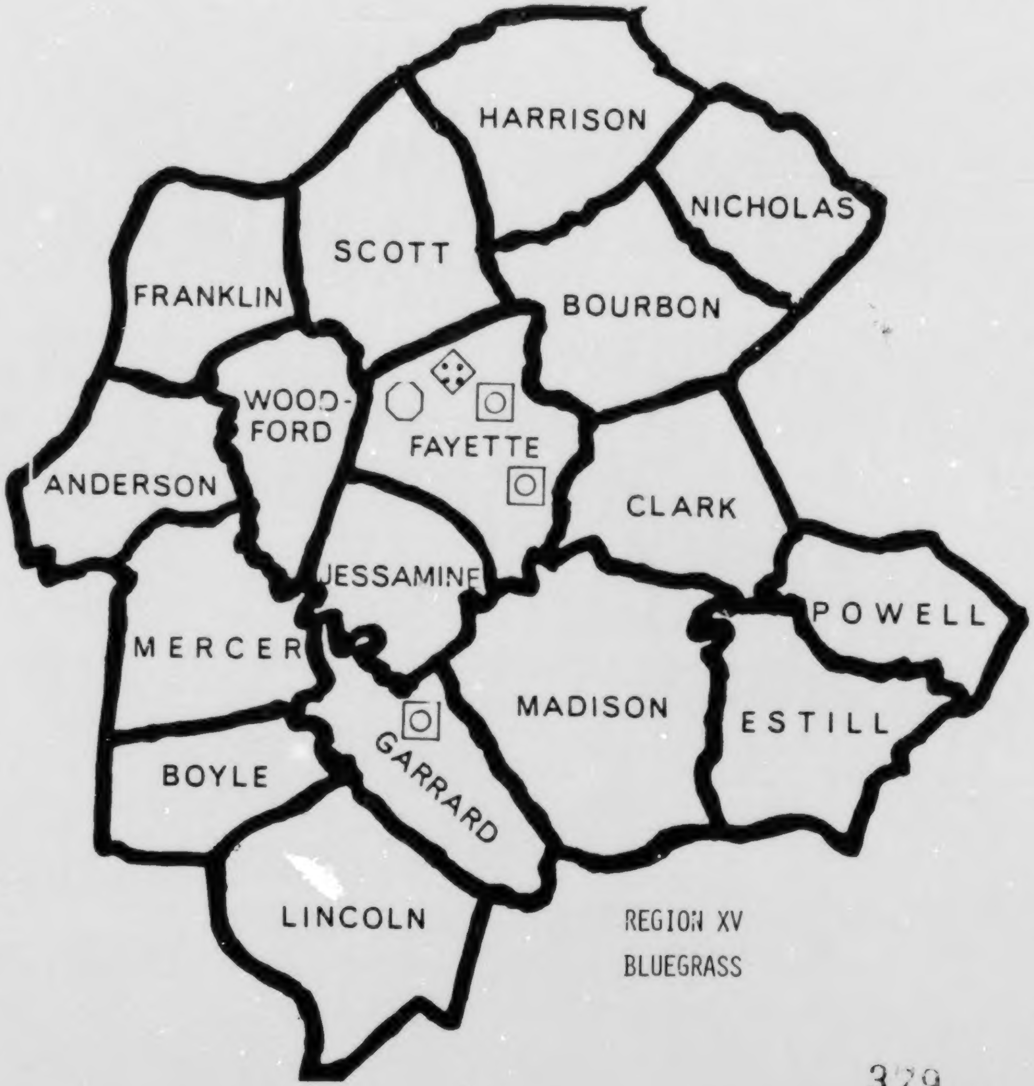
▭ Psychological Screening

▽ Physical Therapy

▷ Leisure Time Services

⬡ Transportation

✖ Resource Lending Library


HARRISON
NICHOLAS
SCOTT
FRANKLIN
BOURBON
WOOD-FORD
FAYETTE
ANDERSON
CLARK
JESSAMINE
POWELL
MERCER
MADISON
ESTILL
GARRARD
BOYLE
LINCOLN
REGION XV
BLUEGRASS

MENTAL RETARDATION SERVICES OPERATED PRIVATELY

NAME	CITY/COUNTY	TYPE	SYMBOL	TOTAL # SERVED
Opportunity Workshop of Lexington	Lexington/Fayette	Sheltered Workshop	◈	130
United Cerebral Palsy of the Bluegrass	Lexington/Fayette	Preschool/Early Intervention	⧇	104
Unique Sitter Service	Lexington/Fayette	Day Care and Respite	⯃	
Christian Appalachian Project	Lancaster/Garrard	Preschool/Early Intervention	⧇	
Cardinal Hill Preschool Program	Lexington/Fayette	Preschool/Early Intervention	⧇	18

COMMUNITY RESOURCES

SYMBOLS FOR COMMUNITY RESOURCES

EDUCATIONAL RESOURCES

- □ College
- ⊡ Community College
- ▨ Public School Dist.
- ◧ Private School
- ▣ Pre-school

HEALTH SERVICES

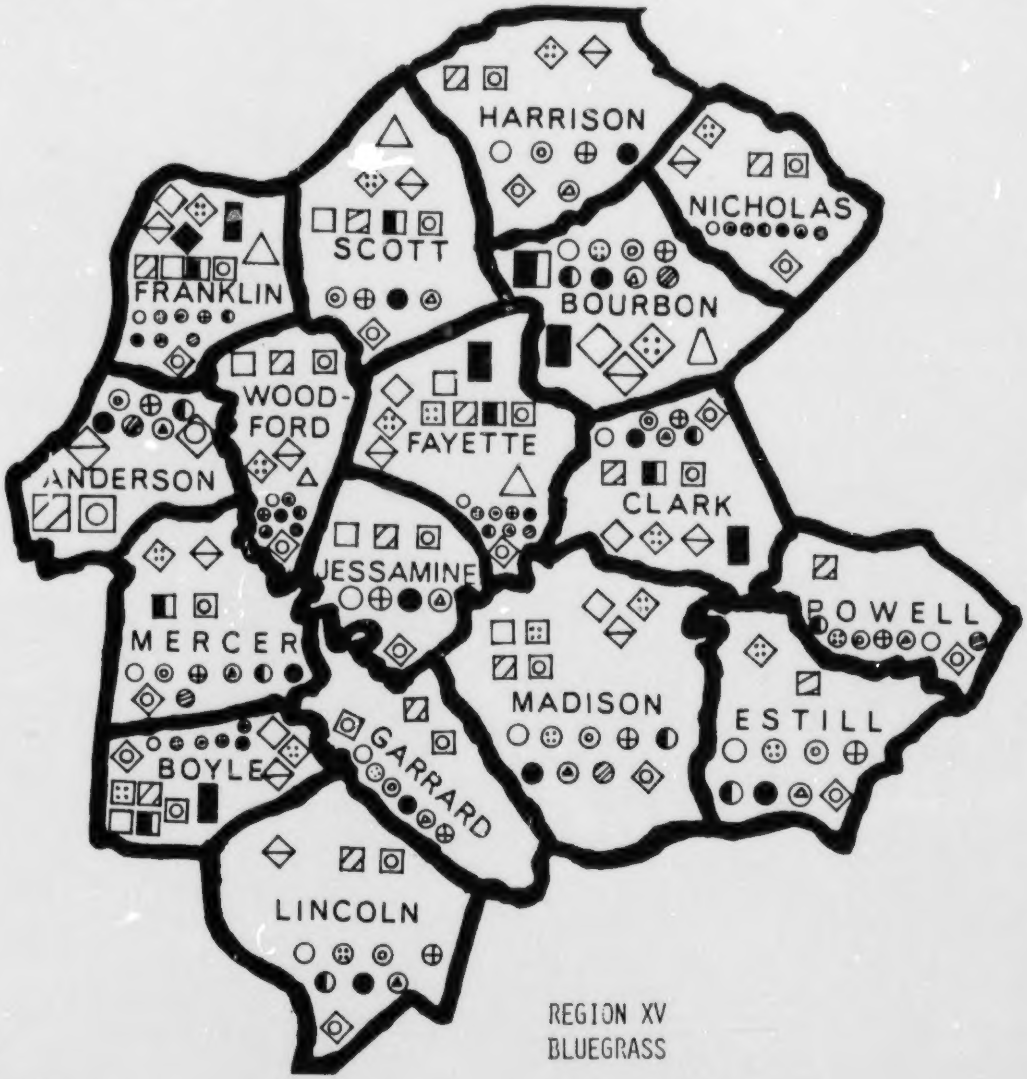
- ○ Hospital
- ⁘ Medical Clinic
- ◎ Physician
- ⊕ Dentist
- ◐ Mental Health Clinic
- ● Mental Health Center
- ⊚ Emergency Rescue Service
- ▤ Family Planning Office
- ◈ County Health/Home Health

VOCATIONAL REHABILITATION

- ◇ Voc. Rehabilitation Office
- ⟐ CETA Office
- ⬗ State Employment
- ◆ Goodwill Industries

OTHER

- ▮ Social Security Admin.
- △ Association for Retarded Citizens


HARRISON
NICHOLAS
SCOTT
FRANKLIN
BOURBON
WOODFORD
FAYETTE
ANDERSON
CLARK
JESSAMINE
POWELL
MERCER
MADISON
GARRARD
BOYLE
ESTILL
LINCOLN
REGION XV
BLUEGRASS

COUNTY / COMMUNITY RESOURCE	College	Comm. Col. Jr. College	Public School Dist.	Private School	Pre-School	Hospital	Medical Clinic	Physician	Dentist	Mental Hlth. Clinic	Mental Hlth. Center	Emerg. Rescue Service	Family Plan. Office	Cty. Health/ Home Health	Soc. Sec. Admin.	Voc. Rehab. Office	CETA Office	State Employ. Office	Goodwill Industries	A.R.C.			
Anderson	0	0	1	0	1	0	0	2	5	1	1	1	1	1	0	0	0	1	0	0	0		
Bourbon	0	0	0	2	0	2	1	1	7	10	4	1	1	0	1	1	1	1	0	1	1		
Boyle	1	1	2	1	4	1	0	38	16	1	1	1	0	2	1	1	1	1	0	0	0		
Clark	0	0	1	1	7	1	0	17	13	2	1	1	0	1	1	1	1	1	0	0	1		
Estill	0	0	1	0	0	1	1	4	3	1	1	1	0	1	0	0	1	0	0	0	1		
Fayette	6	1	1	13	34	9	21	550	222	1	1	2	2	1	1	1	1	1	0	1	0		
Franklin	1	0	1	2	2	1	2	22	21	2	2	1	1	1	1	1	1	1	1	1	0		
Garrard	0	0	1	0	2	1	1	5	4	0	1	3	0	2	0	0	0	0	0	0	0		
Harrison	0	0	1	0	1	1	0	7	6	0	1	1	0	1	0	0	1	1	0	0	1		
Jessamine	2	0	1	0	3	0	0	3	6	0	1	1	0	1	0	0	0	0	0	0	1		
Lincoln	0	0	1	0	2	1	1	5	4	2	1	3	0	2	0	0	0	1	0	0	0		
Madison	1	1	3	0	2	2	1	30	19	3	1	2	2	1	1	1	1	1	0	1	0		
Mercer	0	0	3	1	5	1	0	7	6	1	1	2	1	1	0	0	1	1	0	0	1		
Nicholas	0	0	1	0	1	1	0	3	2	1	1	1	1	1	0	0	1	1	0	0	0		
Powell	0	0	1	0	0	0	1	3	4	1	0	1	1	1	0	0	0	0	0	0	1		
Scott	1	0	1	1	3	1	0	5	6	0	1	1	0	1	0	0	1	1	0	1	0		
Woodford	1	0	1	0	1	1	0	3	6	1	1	1	1	1	0	0	1	1	0	1	0		

*The outpatient offices of the Regional MH/MR Board are reported under "Mental Health Centers". This line was changed to show HeadStart programs.

THE NEED

5

383

ASSESSMENT

ASSESSING THE NEED

The major reason for long range strategic planning is to be able to proceed with decision-making in an orderly and rational fashion. In order to do such planning, it is important that the process be based as much as possible on securing useful and accurate data on which these future decisions will be based.

In human service planning, there is a preliminary phase to decision-making which is the development of a "needs assessment" or "population profile." This is an analysis of the individuals who are currently receiving services and those who are unserved or underserved.

From this "needs assessment" come the objectives for program development, the identification of fiscal, material and personnel resources that will be necessary, and in what priority these objectives will be met and by whom.

The real challenge of planning is not to repeat the performance of the past, but rather to be creative. It is necessary to see the "broad picture" while still ensuring that people are treated like unique individuals.

The planning process should foster, not impede, creativity. It must enable the system to 1) try new approaches to existing social issues, 2) develop new ideas in relationship to these issues, and 3) translate those ideas into alternative services for individuals with unique needs and abilities.

ASSUMPTIONS

Certain assumptions were made to guide the needs assessment process.

1. There is a difference between systems level planning and individual program planning and the information needed at these two levels of planning is also different.
2. The philosophical basis of human service planning has an effect on service development for individuals, and therefore on the type of information that needs to be obtained.
3. Opportunities for services will vary by region, and even by community. Therefore, priority setting for planning will depend on regional service development. (That is why listing of "Community Resources" and maps of those services are included in depth in Chapter 4 under each region).
4. Information should be obtained and displayed at the level of contact between the citizen and the service agency in order to establish their joint responsibility in planning for the person and also to foster personal identification with the citizen. (For the purpose of the statewide plan, all data are shown by region).
5. A person's readiness to move from any institutional environment is determined by the availability of community services to meet the individual's needs.
6. Once a decision to move an individual is made, a

detailed individualized service plan is required.

INFORMATION NEEDED

Factors that will influence service development, in relation to the value-based philosophy of the state are reflected in the following planning questions:

1. What is a person's age and sex? This is important in planning age and culturally appropriate services.
2. What kind of environmental supports does the person need?
3. What kind of medical supports does the person need?
4. What kind of behavioral supports does the person need?
5. What kind of assistance does the person need with daily self-care?

This information has a major systematic planning impact because these are the factors that impact greatly on an agency's ability to provide adequate staffing, expertise and also impacts on architecture of facilities. All of these issues have an effect on the cost of providing services.

In addition, it is important to list the person's level of retardation and other developmental disabilities, as this is required to qualify individuals and agencies for various categorical funding. However, knowing the "level of retardation" has little relevance to knowing the true needs of the individual.

THREE PARTS OF A PERSON'S DAY

In order to identify the eventual need for services, it was also considered important to collect information on where individuals worked, or where they learned, where they slept, or where they obtained other kinds of supportive and social services.

WHERE AND HOW THE INFORMATION WAS OBTAINED

I. Regional Mental Health/Mental Retardation Boards

In order to obtain information on the individuals currently served directly by the regional community mental health/mental retardation boards and by private affiliates, data were solicited from each of the state's 15 regions. In addition to the regions providing information on the individuals that are actually receiving community services within the region, through the direct or indirect services of the boards, the regions also included individuals that they knew who needed services from their regions. This data could include persons in institutions, in the community or private facilities.

The needs information provided to the planning council from each of the regions is specific by type, source and date of the information.

In December of 1980, the 15 regional mental health/mental retardation boards and other agencies were in attendance at the first needs assessment meeting. At this time an

387

388

individual client assessment form was presented and input from this group concerning school age children, individuals in institutions, nursing homes, and private facilities occurred. The Division for Community Services for Mental Retardation staff explained the difficulties of providing client data on school age children and those individuals in residential placements other than the state owned institutions.

A revised questionnaire for individual client assessment was delivered to all 15 regional mental health/mental retardation boards with instructions for completion. These questionnaires were completed only on individuals already known to the regions. No out-reach efforts were made to identify the total population at risk, those potentially needing services, or all school-age children with mental retardation.

II. State Owned Facilities

Oakwood - Somerset, KY
Outwood - Dawson Springs, KY
Hazelwood - Louisville, KY
Central State Hospital - Louisville, KY
Eastern State Hospital - Lexington, KY
Western State Hospital - Hopkinsville, KY
Glasgow ICF - Glasgow, KY

The information describing the individuals residing in the institutions for person with mental retardation was collected for the Bureau for Health Services Mental Health/Mental Retardation Information System by members of each facility's staff. In November of 1980, a computer run was requested for age, sex, county of residence, level of mental retardation and facility. In February, each facility director was asked to provide individual information concerning mobility, medical needs, behavior, and self-care skills. Each facility fully cooperated and their assistance provided the information in the tables.

III. Private Facilities

Private facilities for persons with mental retardation include the following:

a. Panorama Private Boarding School - Bowling Green, Ky.
b. Higgins Learning Center - Waverly, Ky.
c. Wendell Foster Center - Owensboro, Ky.
d. Stewart Home School - Frankfort, Ky.
e. Excepticon-Lexington Campus - Lexington, Ky.
f. Cedar Lake Lodge - LaGrange, Ky.

It was not possible to obtain any information about the number and characteristics of individuals residing in these locations.

In addition to these private facilities, there are many private nuring homes and personal care homes that serve people with mental retardation. A voluntary assessment of the individuals residing in these private facilities was done in July of 1979.

Information collected on private institutions, nursing homes, and personal care homes was obtained in two ways, telephone survey to the private facilities, requesting number of individuals being served in July 1980, and from a voluntary survey by Health Data Systems in July 1979, with an 80% return of all questionnaires.

IV. Local School Districts

To provide a planning data base for children served in the public schools, information was also included from an assessment done by the Department of Education including summary information by district for children in educable and trainable classrooms in the state's 180 school districts.

The information concerning individuals with mental retardation in the local school districts was provided by the Department of Education for the 1979-80 school year. The available information was for age ranges 5, 6-17, 18-21 and two classifications, educable and trainable; nothing else was available as the Department does not maintain data on individual students. The major benefit of this data is to provide information for the regions as they plan for future service provision.

CHARACTERISTICS

The characteristics that were identified were as follows:

1. identifying code
2. social security number
3. age
4. sex
5. place of residence
6. mobility needs
7. medical needs
8. behavioral needs
9. self care needs
10. related disabilities
    a. legally blind
    b. legally deaf
    c. autistic
    d. cerebral palsy
    e. epileptic
    f. orthopedically handicapped
    g. other
11. type of residential program
12. type of vocational program
13. type of educational program
14. other supportive services

In the needs assessment tables of this section, mobility, medical, self care, and behavioral needs have been assigned values of A-D as defined below. Related disabilities are coded A-G.

1. Mobility
    a. The person is now bedfast.
    b. The person requires a barrier free environment and requires assistance from another person to be mobile.
    c. The person requires a barrier free environment and is mobile with little or no assistance.
    d. The person walks independently or with minor aides which have minimal architectural implications.
2. Medical
    a. The person requires major and frequent support from immediately available medically skilled, professional nursing staff.
    b. The person requires major and frequent support which others in his/her environment can be trained to provide with more medically skilled backup available and on call.
    c. The person has a moderate need for medical support, most of which can be provided by others in his/her natural environment with training and support.

d. No supervision needed.

3. Behavioral
   a. The person requires major behavioral management intervention from qualified personnel (frequent behavior management programs).
   b. The person requires moderate behavior management intervention. (Individual is not dangerous to self or others, but has socially unacceptable behaviors that require staff trained in behavior management techniques to assist in programming).
   c. The person requires minor behavioral management effort. (Generally the client has socially acceptable behaviors, but might occasionally require some minor behavioral programming).
   d. No need for behavioral management.

4. Self Care
   a. The person requires major and continuous assistance with feeding, dressing and toileting.
   b. The person requires moderate assistance with feeding, dressing and toileting. (Frequent help, but no particular training required of staff).
   c. Person may only occasionally need assistance with feeding, dressing and toileting.
   d. Person demonstrates age appropriate self care.

5. Related Disabilities
   a. Legally blind
   b. Legally deaf
   c. Autistic
   d. Cerebral palsied
   e. Epileptic
   f. Orthopedically handicapped
   g. Other, explain

COMMUNITY PLACEMENTS

Historical data on placements out of the facilities serving persons with mental retardation from 1975 through 1980, were obtained from records in the Bureau for Health Services Mental Health/Mental Retardation Information System, Division for Institutional Care, for Oakwood, Outwood, Central State, and Hazelwood. The mental retardation units at Eastern, Western and Glasgow are not included due to the inability to track those specific individuals.

The six year period recorded the following composite:

(a) There are 414 discharges for the four facilities.

These individuals were places as follows

(1) Natural Home	107	(25.8%)
(2) Skilled Nursing	71	(27.2%)
(3) ICF	47	(11.4%)
(4) ICF/MR	41	(10.0%)
(5) Group Homes	34	(8.2%)
(6) Deaths	23	(5.6%)
(7) Personal Care	18	(4.3%)
(8) Foster Home	17	(4.1%)
(9) All Other	56	(13.4%)

(b) Three major types of placements were:

(1) Community Residential	(47.2%)
(2) Institutional Environment	(41.8%)
(3) Death	(7.0%)

(c) During the six years 414 people were discharged, 733 people were admitted. These admissions included respite services beginning in 1977 when Hazelwood served 12 individuals. By 1980 Oakwood, Outwood, Hazelwood and Central State had provided up to 30 days of respite care to 276 individuals in addition to their regular admissions.

The following information provides admissions and discharges on a year to year basis by institutions:

Oakwood

Oakwood discharged 198 individuals from July 1, 1974, through June 30, 1980. During this same period 274 were admitted.

	Admissions		
Year	Regular	Respite	Discharges
1975	69	--	41
1976	58	--	43
1977	45	--	44
1978	50	33	24
1979	22	33	21
1980	30	55	25

Outwood

Outwood discharged 114 individuals from July 1, 1974 through June 30, 1980, while admitting 147 people. The year by year movement is:

	Admissions		
Year	Regular	Respite	Discharges
1975	15	--	16
1976	40	--	19
1977	10	--	20
1978	22	2	19
1979	15	15	28
1980	18	26	12

Hazelwood

Hazelwood discharged 83 individuals from July 1, 1974 through June 30, 1980, and had admissions of 167 people. The year by year breakdown is:

	Admissions		
Year	Regular	Respite	Discharges
1975	17	--	7
1976	31	--	19
1977	28	--	22
1978	16	16	25
1979	8	27	2
1980	7	26	8

Central State

Central State discharged 19 individuals from July 1, 1977, through June 30, 1980, and had admissions totaling 38 people. There was no data available in 1975, 1976 and 1977. The three year breakdown is:

	Admissions		
Year	Regular	Respite	Discharges
1978	3	7	9
1979	3	9	6
1980	3	15	4

New Neighbors Program

On November 14, 1980, Dr. Grady Stumbo, Secretary of the Department for Human Resources, made a press release concerning the construction at Outwood and the decision to develop community based services for people with mental retardation. This community based program has been called "New Neighbors" and provides residential services, vocational services, educational services and support services to individuals with mental retardation returning to the community.

The New Neighbors Project began with participants in October, 1980 when a special project was funded by P.L. 95-602 Developmental Disabilities funds. Two children were returned to the community from Hazelwood, one to the natural home and one to an alternative residential unit. A third child at risk of institutionalization was also placed in an alternative residential unit. Over the next six months, 39 additional people with mental retardation became participants in the New Neighbors programs funded with state general funds.

The current emphasis of the New Neighbors Programs is to return individuals from institutional settings to local communities with appropriate services and decrease the capacity of Outwood to 48 beds.

The second phase of New Neighbors will begin in the fall of 1981 and will provide new community environments to 131 individuals now residing in facilities for persons with mental retardation across the state.

Additional New Neighbors programs will be expanded or developed in 1982-83 and 1983-84.

New Neighbors From Facilities Into The Community

REGION	OAKWOOD	OUTWOOD	HAZELWOOD
ONE	-	1	-
THREE	-	11	-
FOUR	-	1	-
FIVE	-	1	-
SIX	1	8	3
THIRTEEN	4	-	-
FOURTEEN	6	-	-
TOTAL	11	23	3

SERVICE DEFINITIONS

Case Management:

Case management services mean such services to persons with mental retardation as will assist them in gaining access to needed social, medical, educational, and other services; the service description includes--

1. follow-along services which ensure, through a continuing relationship, lifelong if necessary, between an agency or provider and a person with a developmental disability and the person's immediate relative or guardians, that the changing needs of the person and the family are recognized and appropriately met; and

2. coordination of services which provides to persons with mental retardation, support, access to (and coordination of) other services, information on programs and services, and monitoring of the person's progress.

Educational or Related Services:

The purpose of these services is to provide developmental training and education and other ancillary services to individuals of any age with mental retardation and/or their families. Programs may be provided in any location and include such components as physical therapy, speech and language therapy, occupational therapy, counseling, and behavior management.

Preschool/Early Intervention Services are designed for children age 0-4 years and their families. Programs may be conducted in the home, a training center, or a combination of locations.

In-home Support Services are provided for individuals with mental retardation and their families, to prevent removal of those persons from their natural homes, to promote growth in the natural home, or to return persons to their natural homes. On a regular basis, the in-home instructor goes into the home and trains staff, individuals with mental retardation and/or the family to work with the family member with mental retardation. The individual, as well as his/her family, participates in the development and on-going implementation of the Individual Habilitation Plan.

Vocational Services:

These services are designed to prepare persons with mental retardation for participation in vocational environments through four programs:

Individual Industrial Training
Work Stations in Industry
Sheltered Workshops
and Work Activity Services

Individual Industrial Training is designed to train individuals to be independently employed by providing training and supervision in a business or industry. Staff will provide the necessary specialized assistance and supervision prior to the responsibility for their jobs.

Components of this service may include: evaluation procedures to assess the individual's vocational functioning level; a controlled and supervised working experience to allow individuals to adjust to the work environment; training to teach proper work habits, traits and attitudes; personal and work adjustment training and counseling; job-seeking and job survival skills training; provision of selective job placement and follow-up services; case management; and transportation if not otherwise available to enable the client to participate in this service.

Work Station in Industry refers to services which provide group training experience in a business or industry in the community. The agency provides staff for training and supervision. The business provides actual work and space in the plant giving the person with mental retardation the opportunity to work in a more normalizing environment with non-handicapped workers. This service offers specific skill training in a variety of employment/training opportunities.

Components may include training in the areas of work production, quality control, co-worker relationships, supervisor-worker relationships, industrial safety and general work habits, counseling, case management and transportation when not available from another source.

Sheltered Workshops services are provided to assist persons in developing basic skills necessary for employment. The primary program areas are work evaluation, work adjustment training and sheltered/extended employment. Services are provided in a controlled work-oriented environment with individual goals to prepare persons for employment.

Components of this service may include evaluation to assess the individual's vocational functioning level; a controlled and supervised work/training experience to allow individuals to adjust to a work environment; teaching of basic work habits, traits and attitudes; personal and work adjustment training and counseling; job-seeking and job survival skills training; selective job placement and follow-up services; case management; and transportation when not available from another source. (These services will not be provided to eligible clients receiving vocational development services such as vocational evaluation, personal and work adjustment training and job placement services through contract with the Bureau of Rehabilitation Services.)

Work Activity Services (adult activity - not preferred, but accepted for FY 1982, after which time only work activity programs will be funded) are designed to provide work training and developmental skills training for persons with mental retardation whose physical or mental handicap is so severe as to make their current productive capacity less than the accepted minimum for competitive or sheltered employment.

Components of this service may include teaching of basic work habits and skills, training in a work environment to develop tolerance for work, personal and work adjustment training, counseling, training in independent living to include self-help and self-management skills, basic academics, communication skills, money management, clothing care/use, home maintenance, food preparation, leisure time activities, other purposeful development, training, and activities where work or production is not the main purpose, case management, and transportation when not available from another source.

Alternative Residential Services:

The goal of alternative residential services is to prepare persons with mental retardation to live within the same kind of community residences which would be considered normal for non-handicapped persons of the same age. Individuals who have attained a level of independence live in homes and apartments dispersed throughout the community and receive only occasional social or recreational supports from the regional mental retardation staff. Other individuals who have not yet acquired the skills and resources necessary for independent living are provided with a variety of residential options designed to meet their specific, individual needs.

Components of this service may include: evaluation, behavior management, developmental training in the areas of self-help and independent living skills, non-academic educational services, room and board, speech therapy, physical therapy, occupational therapy, transportation, case management, psychological services, leisure time education and training, and respite services. The service is provided through a cluster of residences made up of a core residence which provides evaluation, administrative support and respite support, and a number of alternative residences. The alternative residence and core residence must be linked together.

Respite Services are available on a limited basis. These include both the provision for in-home supports designed to relieve the parents or guardian of the day-to-day responsibilities and residential alternatives into which a citizen with mental retardation may move for a brief period of time. Such services are designed to provide relief and support on either a "crisis" or scheduled basis during times of stress, family need, such as death or illness, or family movement, such as vacations or necessary trips away from home.

Core Residence is a short-term transitional residence providing continuity through ownership or long term leasing by the agency in which newly admitted clients obtain necessary personal supplies, equipment and services, and are matched with appropriate staff, administrative support, and respite and programmatic support. The core residence is designed to provide 24 hour residential services, with a capacity of serving no more than 8 persons at a time but ideally only one new person at a time. Each core residence is capable of various staffing and programming levels depending on individual needs of persons with mental retardation. The core residence must be a free-standing unit, and not part of another existing programmatic unit.

The core residence differs from

alternative residences in several ways. It is the nucleus for a network of alternative residential services. It has staff with the capability of providing a comprehensive evaluation of the individuals' abilities and needs, physical care, behavior management, and developmental skills training. Evaluation in the core may take one to three months during which time individuals will also receive appropriate medical and dental examinations, psychometric and/or vocational assessments, developmental screening, tests, etc. The needed follow-up services and case management services are also included in the development of a placement plan to the alternative residence.

Another unique feature of the core residence is that it provides administrative support for the alternative residences: recruits, screens, hires, fires, alternative residence staff; provides new employee orientation and on-going inservice training; and monitors all alternative residences in the cluster.

The core residence also provides respite support to the area at the core residence or the alternative residence, depending on client's needs. If must always maintain empty beds for this purpose. Core residence staff also provide 24 hour emergency coverage back-up for the alternative residence staff.

Alternative Residences are residential programs which provide individualized, developmental environments. Alternative residences with trained staff can be a number of settings, usually in existing residences owned by staff, in apartments or houses for adults, and the home of family. No more than eight persons (excluding staff) may live in an alternative residence. Staffing and supervision is tailored to the needs of the persons living there, and may or may not involve 24 hour presence of, or monitoring by, staff.

1. Alternative Residence (1 to 3 individuals)

2. Alternative Residence (4 to 8 individuals)

Specialized Services:

Specialized services which are also generically available to the community as a whole may be needed. Staff may, however, be specially trained to deal with the needs of persons with mental retardation.

Speech Therapy includes evaluation of speech, language, and hearing; and assessment of the general condition of teeth and oral cavity.

Physical Therapy indicates assessment of muscle status, skeletal status and functional performance in the work, school, or home setting, transfer and ambulation, neurological status, adaptive equipment needs, medical referrals and recommendations as needed.

Psychological Services assessment of cognitive, social, and affective development.

Leisure Time Services are generally acknowledged as a process that includes, but is not limited to, the development of knowledge, skills, and values that prepare individuals to make more constructive, wholesome, and independent use of their discretionary or leisure time. The long term goal of leisure education is to help individuals develop a positive leisure lifestyle.

The philosophy of leisure education is based on a concern for the humanity of handicapped persons, regardless of age, type of handicap, or level of functioning. This philosophy assumes that most life experiences are as appropriate for the handicapped person, if tailored to meet the abilities and interests of the individual. This service is an integrated service provided generically and not segregated for the handicapped person.

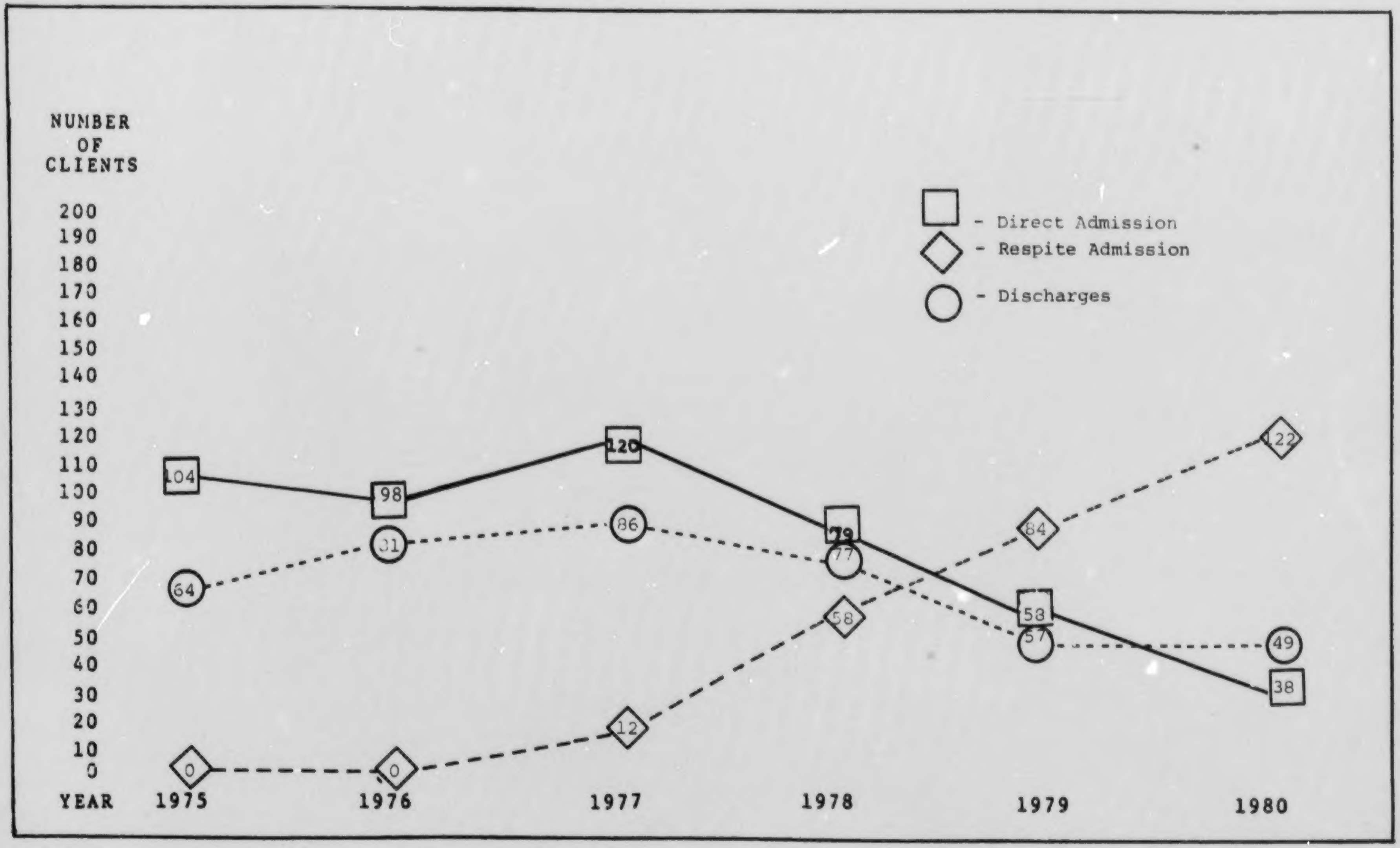
Transportation is provided to and from residential, educational, and vocational settings. These services also include training of individuals to use public transportation independently.

Resource Lending Library is a mechanism for sharing resources and materials between families. Materials may be anything needed by the person with mental retardation. These may include, but not limited to toys, books, training equipment, etc. Supplies are checked out to the family and returned to the library when no longer needed.

Graph 1

DIRECT AND RESPITE ADMISSIONS AND DISCHARGES FROM STATE MENTAL RETARDATION FACILITIES

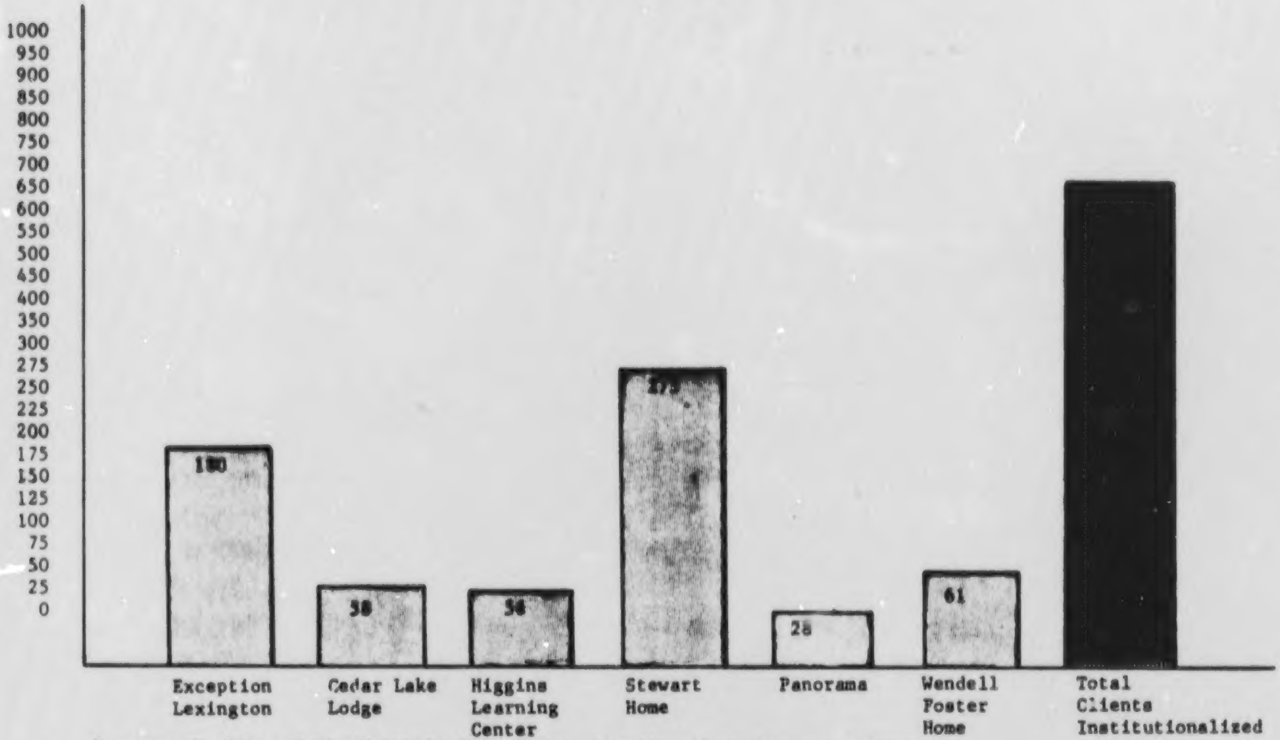
1975-1980



Source: Division for Institutional Care; Mental Health/Mental Retardation Information System

Graph 2

PERSONS WITH MENTAL RETARDATION LIVING IN PRIVATE FACILITIES



Source: Health and Vital Statistics Office, Long Term Care Occupancy Report, No. 80- 5, March 1, 1981

Table 1

AGE AND SEX OF PERSON BY REGION

ACTUAL CLIENTS (UNDUPLICATED COUNT) BY MH/MR BOARDS AND THEIR
CONTRACTED AFFILIATES
* JULY-DEC. 1980

REGION	AGE	AGE	AGE	SEX	
	0-17	18-64	65+	Male	Female
I	95	189	0	169	115
II	121	112	10	117	126
III	12	219	12	132	111
IV	10	269	0	165	114
V	23	330	15	200	168
VI	805	946	0	928	823
VII	347	786	4	662	450
VIII **	34	78	3	77	38
IX	0	75	3	38	40
X	54	99	1	88	66
XI	83	161	0	145	98
XII	0	193	11	113	91
XIII	137	124	6	144	123
XIV	37	203	8	112	136
XV	167	563	38	417	345
TOTAL	1703	3650	108	2951	2479

* Source "Plan and Budget Description, 1981-82, actual client served July 1, 1980-December 31, 1980; summary matrix."

** Provided by Medical Records Department-Comprehend Inc.

Table 2

LEVEL OF RETARDATION

REGION	MILD	MODERATE	SEVERE	PROFOUND	UNKNOWN	TOTAL
I	1076	310	89	46	24	1545
II	*	*	*	*	*	*
III	535	257	101	52	24	961
IV	1022	541	162	69	127	1921
V	54	50	24	3	38	169
VI	*	*	*	*	*	*
VII	88	116	81	52	14	351
VIII	371	169	73	5	20	638
IX	305	171	18	14	4	512
X	*	*	*	*	*	*
XI	45	73	35	11	22	186
XII	55	75	63	21	21	251
XIII	307	161	70	14	91	643
XIV	71	58	45	29	8	211
XV	273	198	67	33	381	952
TOTAL	4202	2179	828	449	774	8432

* Not Reported
Source: Regional Needs Assessment

Table 3

Clients In Four Service Areas (Counts Are Duplicated)

Region	Residential	Vocational	Educational	Support Services	TOTAL
I	1	101	71	72	245
II	0	98	93	185	376
III	11	20	30	119	180
IV	35	426	0	**	461
V	16	287	23	69	395
VI	120	384	55	407	966
VII	23	45	45	150	263
VIII	19	150	17	202	388
IX	6	58	14	42	120
X	10	70	53	76	209
XI	6	115	18	128	267
XII	0	39	0	65	104
XIII	11	83	86	103	283
XIV	6	61	40	101	208
XV	*	*	*	774	774
Total	264	1937	545	2493	5239

* Not Reported

** Counted in Vocational

Source: Annual Plan and Budget, Section Two, 1981-82

Table 4

EDUCATIONAL SERVICES

REGIONS	PRESCHOOL EARLY INT.	PUB.SCHOOL TRAINABLE	PUB.SCHOOL EDUCABLE	SPECIAL OR PRIVATE SC	TOTAL
I	41	943	117	5	1106
II	112	1052	151	38	1353
III	12	814	130	53	1009
IV	599	983	103	63	1748
V	18	1137	243	0	1398
VI	34	3738	7963	0	11,735
VII	61	1318	240	0	1619
VIII	26	239	26	2	293
IX	5	399	57	2	463
X	108	857	83	0	1048
XI	9	783	131	0	923
XII	23	1076	68	0	1167
XIII	42	1641	134	3	1820
XIV	30	1109	221	6	1366
XV	248	2818	324	0	3390
Total	1368	18,907	9991	172	30,438

Sources: Department of Education; Division for Community Services for Mental Retardation

Table 5

VOCATIONAL SERVICES

REGIONS	COMPETITIVE EMPLOYMENT	INDUSTRY WITH SUP.	WORK ACTIVITIES	SHELTERED WORK	INTEGRATED GENERIC PROG	TOTAL
I	7	0	74	60	0	141
II	24	0	111	37	0	172
III	32	5	88	179	99	403
IV	5	12	155	83	47	302
V	0	0	164	12	0	176
VI	*	*	*	*	*	*
VII	0	0	183	20	0	203
VIII	6	2	54	0	0	62
IX	1	1	30	0	0	31
X	*	*	*	*	*	*
XI	0	0	58	29	0	87
XII	0	0	29	0	0	29
XIII	0	0	120	8	13	141
XIV	7	5	55	15	0	82
XV	21	3	41	158	0	233
Total	103	27	1167	601	159	2052

Source: Regional Needs Assessment

* Not reported

RESIDENTIAL SERVICES

Table 6 Regions	Own Home	Regional Boards	Private Affiliates	Outwood	Oakwood	Hazelwood	Eastern	Western	Central	Glasgow	* Private Facilities	Total Identified
I	1448	0	1	35	7	3	0	5	0	0	246	1745
II	1678	0	0	52	13	9	0	19	1	1	241	2014
III	504	15	0	25	6	7	0	13	0	0	110	680
IV	1356	0	1	20	15	13	0	15	1	0	213	1634
V	NR	23	0	16	16	8	0	10	0	0	97	170
VI	NR	0	41	51	80	90	0	14	40	9	345	670
VII	1811	0	44	12	46	10	5	1	0	2	165	2096
VIII	582	14	8	1	6	3	0	0	0	1	12	627
IX	482	0	3	2	8	6	2	0	0	0	63	566
X	NR	0	0	2	31	8	2	1	0	0	103	147
XI	98	0	6	2	20	10	3	0	0	1	95	235
XII	182	0	0	3	25	8	1	2	1	1	167	390
XIII	116	16	4	6	35	10	1	5	0	3	59	255
XIV	44	0	6	3	35	10	1	1	3	0	115	218
XV	558	0	16	9	64	14	9	5	4	4	158	841
TOTAL	8859	68	130	239	408	209	24	96	50	22	2189	12,294

*Nursing Homes and Personal Care Homes

Sources: Regional Needs Assessment, Facilities Needs Assessment, and Health Data Systems Branch Survey, July, 1979

NR - not reported

Table 7

INDIVIDUALS WITH MENTAL RETARDATION RESIDING IN STATE OWNED FACILITIES
As of June 4, 1981

Region	Outwood	Oakwood	Hazelwood	Central	Eastern	Western	Glasgow	Total
1	35	7	3	0	0	5	0	50
2	52	13	9	1	0	19	1	95
3	25	6	7	0	0	18	0	56
4	20	15	13	1	0	15	0	64
5	16	16	8	0	0	10	0	50
6	51	80	90	40	0	14	9	284
7	12	46	10	0	5	1	2	76
8	1	6	3	0	0	0	1	11
9	2	8	6	0	2	0	0	18
10	2	31	8	0	2	1	0	44
11	2	20	10	0	3	0	1	36
12	3	25	8	1	1	2	1	41
13	6	35	10	0	1	5	3	60
14	3	35	10	3	1	1	0	53
15	9	64	14	4	9	5	4	109
Total	239	408	209	50	24	96	22	1,048

Source: Division for Institutional Care

OUTWOOD
AGE

Table 8

NOV 1980

REGION	6 - 21		22 - 64		65 +	
	M	F	M	F	M	F
I	2	5	18	11		
II	9		21	22		
III	1	3	13	9	1	
IV	1	2	11	4		
V	1	1	7	7		1
VI	7	7	26	14		
VII	2	5	3	1	1	
VIII				1		
IX			2			
X			2			
XI			1	1		
XII	1	1	2	1		
XIII		1	6	1		
XIV			2	2		
XV	1	1	3	2		
Total	25	22	117	76	2	1

Source: Mental Health/Mental Retardation Information System

OUTWOOD
LEVEL OF RETARDATION

Table 9 Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO-FOUND	UN-KNOWN	TOTAL
I	1		12	22		35
II		8	15	30		53
III	1	1	7	18		27
IV		3	7	8		18
V		1	8	9		18
VI		6	12	32		50
VII		2		5		7
VIII				1		1
IX			1	1		2
X			1	1		2
XI			2			2
XII		1	3	1		5
XIII		3	4	1		8
XIV	1	1	1	1		4
XV		2	2	4		8
TOTAL	3	28	75	134	0	240

Source: Mental Health/Mental Retardation Information System

Table 10 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I		6		30	1	5	30		3	15	18		15	5	10	6	1	1		1	4	2	6
II		3	5	44	3	6	42		13	15	24		14	12	14	10	1	1		4	15	7	6
III		1	3	23	2	4	21		8	6	13		8	1	14	3	2				11	3	6
IV		1	1	16	1	7	10		4	7	7		6		7	5	1			2	7	2	2
V		1	3	14		4	14		5	7	6		5	8	2	3		1		2	8	2	5
VI		4		46		7	44		9	19	20		20	8	14	7	1	1		3	15	4	1
VII		5		7		8	4			9	3		11			1		1		5	14	6	1
VIII		1					1			1			1					1				1	
IX				2		1	1		1		1		1			1							
X			1	1			2				2		1			1					1	1	
XI				2			2		1		1				1	1					1		
XII		1		4		1	4			2	3		1	3	1						1	1	
XIII			1	7		2	6		1	1	6		1	1	1	5	2				1	1	1
XIV				5		1	4		2	2			2		1	1					1		
XV		1		6		1	6		1	3	3		4	1	2		1			1	1	1	1
TOTAL		24	14	207	7	47	191		48	87	107		90	39	67	40	9	6		18	80	31	29

Source: Facilities Needs Assessment

OAKWOOD
AGE

Table 11

NOV 1980

REGION	6 - 21		22 - 64		65 +	
	M	F	M	F	M	F
I	4		1			
II	9	4	1			
III		2	2			
IV	7	4	2			
V	3	3	4	3		
VI	27	10	27	11		
VII	14	6	11	11		
VIII	2	1	1	2		
IX	3	3	1			
X	8	7	9	7		
XI	4	4	3	3		
XII	7	2	8	4		
XIII	11	2	10	6		
XIV	7	5	15	7		
XV	18	16	14	14		
Unknown	2		10	6		
Total	125	69	119	63	0	0

Source: Mental Health/Mental Retardation Information System

OAKWOOD
LEVEL OF RETARDATION

Table 12

Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO- FOUND	UN- KNOWN	TOTAL
I			1	1		2
II	1	2	8	3		14
III			3	2		5
IV		1	6	6		13
V	1		6	6		13
VI	3	9	24	36	1	63
VII	1	7	18	16		42
VIII		2	3	1		6
IX	1	1	3	1		6
X	2	4	11	12		29
XI		1	5	8		14
XII	1	3	9	7		20
XIII	1	5	7	16		29
XIV		6	13	13		32
XV	1	9	30	21		51
TOTAL	13	50	151	153	1	368

Source: Mental Health/Mental Retardation Information System

1 person in mild level, 4 persons in severe level, 4 persons in profound level with unknown home county.

Table 13 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I				5		1	4			1	4		1		4				1		1		
II		1	1	12		2	12			5	8		4	4	6		3		1		2	2	2
III			1	4			5			3	2				3	1				2			
IV			2	11		1	12			2	11		5	2	4	2	1	1	1	3	3	1	1
V				13		1	12				13		4		8	2		1			5	1	1
VI	1	5	5	78	2	8		74	5	19	48		10	8	57	7	5	3	2	4	24	3	2
VII		1	3	34	1	2	35		3	8	27		6	3	22	7	4			1	10	3	1
VIII				5		1	4		2	1	2			2	2	1		1				1	
IX			1	5		1	5		1	2	3		1	1	2	2				1		1	
X		2	1	28	1	1	29		3	9	28		8	1	21	1	1				3	4	
XI		2		12	1	2	11		1	2	11		4	3	8		1	2			6	2	1
XII			2	19		3	18			7	14		2	4	12	2		1		1	5	2	
XIII		3	1	25	1		50			6	24		3	4	17	13	1			1	7	2	1
XIV		1	1	31	1		32		1	11	21		5	6	20	2	2			1	7	1	1
XV		2	2	57		6	55		3	9	51		10	8	40	5	5	2	1	2	4	3	1
Unknown				9		2	7		1	3	6		2		6	1	2	1					
TOTAL	1	17	20	348	7	31	291	74	20	88	273		65	46	232	46	25	12	6	16	77	26	11

Source: Facilities Needs Assessment

HAZELWOOD
AGE

Table 14

NOV 1980

REGION	0 - 5		6 - 21		22 - 64		65 +	
	M	F	M	F	M	F	M	F
I			2					
II			3	2	3	1		
III			3		4			
IV		6	3	4	2			
V			4	3	1			
VI	1		17	20	25	30		
VII			3	2	2	3		
VIII			3					
IX			3	1	2			
X			2	3	2	1		
XI				5	2	3		
XII			3	3	1	1		
XIII			4	3	1	1		
XIV			5	1	1	2		
XV			3	3	5	4		
Total	1	0	61	49	53	48	0	0

Mental Health/Mental Retardation Information System

HAZELWOOD
LEVEL OF RETARDATION

Table 15 Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO-FOUND	UN-KNOWN	TOTAL
I				2		2
II			1	8		9
III		1	1	5		7
IV			1	14		15
V		1	1	7		9
VI	1	5	8	77		91
VII				10		10
VIII				3		3
IX			1	5		6
X				8		8
XI				10		10
XII			1	7		8
XIII				9		9
XIV				9		9
XV	1	1		13		15
TOTAL	2	8	14	187		211

Source: Mental Health/Mental Retardation Information System

Table 16 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I		2			2					2			2				1		1		2	2	1
II	1	2	4		3	4	2		1	6	2		5	4			1	1	1	2	4	5	4
III	1	3	1		1	4	2		3		4		4	2	1		1			1	3	5	4
IV	2	8	5		4	8	2		1	8	6		8	6	1		1	1		7	8	10	8
V		6	2		6	2			1	3	4		7	1			1			4	8	5	5
VI	8	51	29	1	21	53	11		12	56	20		67	21	3		11	1	1	26	43	53	40
VII		7	2	1	4	2	4			3	7		8	2			1			1	6	8	4
VIII		2		1		2	1		1	2			1	2							2	1	1
IX		6			2	3	1		2	1	3		5	1			1			3	1	3	3
X		6	2		2	3	3		1	6	1		5	3			2	1		2	4	4	6
XI	1	7	1		2	4	3			7	3		8	2			2			2	8	7	7
XII	1	6	1		1	6	1		2	4	2		5	2	1					2	5	6	4
XIII		6	3		2	4	3			7	2		5	4						1	2	8	4
XIV		2	2		1	5	3		1	6	2		6	2					1	2	2	8	6
XV	2	6	6	1	3	7	5		2	8	5		11	4			2	1	1	3	5	12	5
TOTAL	20	120	58	4	54	109	41		27	119	61		147	56	6		24	5	5	56	103	137	102

Source: Facilities Needs Assessment

AGE

Table 17

NOV 1980

REGION	22 - 24 M	22 - 24 F	65 + M	65 + F
I				
II				
III				
IV				
V				
VI	1	1		
VII	5	1		
VIII		1		
IX		2		
X	2	3		
XI	2	2		
XII		1		
XIII		3	1	
XIV	2	1		
XV	4	5		
Unknown		1		
Totals	16	21	1	0

Source: Mental Health/Mental Retardation Information System

LEVEL OF RETARDATION

Table 18 Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO-FOUND	UN-KNOWN	TOTAL
I						
II						
III						
IV						
V						
VI		2				2
VII	1	3	2			6
VIII					1	1
IX		2				2
X	2	2			1	5
XI	1	3				4
XII		1				1
XIII		2	1		1	4
XIV		1			1	2
XV	2	4	2		1	9
TOTAL	6	21	5	0	5	37

Source: Mental Health/Mental Retardation Information System

1 person in moderate level with unknown home county

Table 19 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I																							
II																							
III																							
IV																							
V																							
VI		1		1		1	1		1	1				1		1					1		
VII				6			6			3	2		1	3	1	1					2	1	
VIII				1			1				1					1		1					
IX				2			2			1	1			1	1								
X				5			5		2	2	1		3		1	1							
XI				3			3		1	1	1			2	1			1					1
XII				1			1		1					1				1					
XIII			1	3		1	3			4			3		1		1				1	1	1
XIV				2			2			1	1			1		1							
XV			1	8			9		2	4	3			3	3	3					3	2	
Unknown				1			1				1				1								
TOTAL		1	2	34		2	34		7	17	11		7	12	9	8	1	3			7	4	2

Source: Facilities Needs Assessment

WESTERN
AGE

Table 20

NOV 1980

REGION	6 - 21		22 - 64		65 +	
	M	F	M	F	M	F
I	1		2			2
II			8	10	1	
III			7	7	3	
IV			10	5		
V			3		1	
VI			7	6	1	
VII						
VIII						
IX						
X			1			
XI						
XII				2		
XIII	1		2	3		
XIV				1		
XV			7	10		
Unknown			7	10		
Totals	2	0	49	45	6	2

Source: Mental Health/Mental Retardation Information System

WESTERN
LEVEL OF RETARDATION

Table 21

Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO-FOUND	UN-KNOWN	TOTAL
I	2	3				5
II	2	17				19
III	4	11				15
IV	3	13				16
V		7				7
VI	1	13				14
VII						
VIII						
IX						
X		1				1
XI						
XII	1	1				2
XIII		5				5
XIV		1				1
XV	1	4				5
TOTAL	15	91	0	0	1	107

Source: Mental Health/Mental Retardation Information System

1 person in mild level, 15 persons in moderate level, 1 person in unknown level with unknown home county.

WESTERN DISABILITIES

Table 22 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I		1	2	3		2	3			4	1		1	2	1	1					2	1	1
II		3	5	11	3	2	14		5	6	8		3	10	4	2					6	3	2
III		2	1	14	1	4	11		1	5	10		1	5	5	5	1	2			7	2	4
IV		4	1	10	2	4	9		3	1	1		3	6	1	5		1		1	4	1	2
V				6			5		1	2	3			4		2		1			4		
VI		2	4	8		5	9			9	5		2	7	4	1	1				7		4
VII																							
VIII																							
IX																							
X				1				1		1				1								1	
XI																							
XII				2			2		1		1		1			1		1			2		
XIII				5			5		1	3	1			3	2						3		1
XIV				1			1				1			1			1				1		
XV		1	1	3	1	2	2		1	2	2		2	1	1	1	2				1	1	
Unknown	1			16	3	2	12		2	6	11		2	8	5	2					6		
TOTAL	1	13	14	80	10	21	73	1	15	44	49	0	15	48	23	20	5	5	0	1	43	9	14

Source: Facilities Needs Assessment

433

CENTRAL
AGE

Table 23

NOV 1980

REGION	22 - 64		65 +	
	M	F	M	F
I				
II	1			
III				
IV				
V				
VI	26	17		
VII				
VIII				
IX				
X				
XI				
XII		1		
XIII				
XIV	1			
XV	2	2		
Total	30	20	0	0

Source: Mental Health/Mental Retardation Information System

CENTRAL
LEVEL OF RETARDATION

Table 24 Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO-FOUND	UN-KNOWN	TOTAL
I						
II		1				1
III						
IV						
V		2				2
VI	1	40				41
VII						
VIII						
IX						
X						
XI						
XII		1				1
XIII						
XIV		1				1
XV		4				4
TOTAL	1	49	0	0	0	50

Source: Mental Health/Mental Retardation Information System

Table 25 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I																							
II				1		1				1					1						1		1
III																							
IV																							
V				2			2			2				1		1							2
VI		5	3	34	20	23	7		14	18	8		12	14	12	1	2		3	4	19	13	34
VII																							
VIII																							
IX																							
X																							
XI																							
XII				1		1					1			1							1		1
XIII																							
XIV				1			1				1			1									1
XV				4		2	2		2	2				3								1	4
Unknown																							
TOTAL		5	3	43	20	27	12		16	23	10		12	20	13	2	2		3	4	21	14	43

Source: Facilities Needs Assessment

GLASGOW
AGE

Table 26

NOV 1980

REGION	22 - 64 M	22 - 64 F	65 + M	65 + F
I				
II				1
III				
IV				
V				
VI	1	5	1	
VII		2		
VIII	1			
IX				
X				
XI	1			
XII	1			
XIII	2	1		
XIV				
XV	1	3		
Total	7	11	1	1

Source: Mental Health/Mental Retardation Information System

GLASGOW
LEVEL OF RETARDATION

Table 27 Nov. 1980

REGIONS	MILD	MODERATE	SEVERE	PRO-FOUND	UN-KNOWN	TOTAL
I						
II		1				1
III						
IV						
V						
VI		6			2	8
VII		2				2
VIII		1				1
IX						
X						
XI		1				1
XII		1				1
XIII		2			1	3
XIV						
XV		4				4
TOTAL	0	18	0	0	3	21

Source: Mental Health/Mental Retardation Information System

Table 28 COMPOSITE PROFILE OF INDIVIDUALS/MENTAL RETARDATION

REGION	MOBILITY				MEDICAL				BEHAVIORAL				SELF-CARE				RELATED DISABILITIES						
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	E	F	G
I																							
II				1	1				1						1						1		
III																							
IV																							
V																							
VI	2	2	3	1	8				2	4	2		6	2			2			1	6	4	
VII			1	1	2					2			2				1					1	
VIII				1	1					1				1									1
IX																							
X																							
XI				1	1						1			1									
XII			1		1					1			1									1	
XIII	2	1			3					3			3				3					2	
XIV																							
XV		1		3	4				3		1		3	1			1				1		
TOTAL	4	4	5	8	21				6	11	4		15	5	1		7			1	8	8	1

Source: Facilities Needs Assessment

Table 29

NUMBER OF PERSONS WITH MENTAL RETARDATION IN LONG TERM CARE BEDS

Region #	Total Beds	% Beds/Regions	Skilled Nursing	Nursing Home	Intermediate Care	ICMR	Personal Care
REGION # 1	246	11.2	8		80		158
REGION # 2	241	11.0	1		57		183
REGION # 3	110	5.0	12		20		78
REGION # 4	213	9.7	15		114		84
REGION # 5	97	4.4	1		58		38
REGION # 6	345	15.8	45	4	88		208
REGION # 7	165	7.5	10		99		56
REGION # 8	12	.05	1		11		--
REGION # 9	63	2.8	8		47		8
REGION # 10	103	4.7	11		54		38
REGION # 11	95	4.3	19		5		71
REGION # 12	167	7.6	27	10	73		57
REGION # 13	59	2.7	13		24		22
REGION # 14	115	5.3	8		19		88
REGION # 15	158	7.2	28		66	1	63
TOTALS	2189	100%	207	14	815	1	1152
		(% of all beds)	(9.5)	(.06)	(37)	(0)	(53.0)

Source: Health Data Systems Branch Survey, July 1979

AGE AND SEX

Table 30

AGE AND SEX OF PERSON BY REGION

HANDICAPPED CHILDREN RECEIVING SPECIAL EDUCATION AND RELATED SERVICES BY AGE AND REGION

REGION	5		6-17		18-21		TOTAL			Total School Dist.
	Educable	Trainable	E	T	E	T	E	T	total	
I	0	0	916	114	27	3	943	117	1060	13
II	10	1	1007	109	35	41	1052	151	1203	11
III	1	3	806	122	7	5	814	130	944	9
IV	0	1	957	97	26	5	983	103	1086	15
V	1	1	1112	238	24	4	1137	243	1380	12
VI	3	1	3601	646	134	146	3738	7963	453	7
VII	1	3	1264	210	53	27	1318	240	1558	20
VIII	0	1	230	23	9	2	239	26	265	7
IX	0	0	396	50	3	7	399	57	456	5
X	4	0	825	80	28	3	857	83	940	9
XI	2	0	778	126	3	5	783	131	914	7
XII	4	0	1058	62	14	6	1076	68	1144	11
XIII	53	1	1555	121	33	12	1641	134	1275	16
XIV	2	0	1069	213	38	8	1109	221	1330	14
XV	8	9	2711	271	99	44	2818	324	3142	24
TOTAL	89	21	18,285	2,482	533	318	18,907	2,821	21,729	160

SOURCE OF INFORMATION: Kentucky State Department of Education, Division of Pupil Personnel Attendance & Accounting
DATE OF INFORMATION: December 1, 1979

OBJECTIVES

6

Throughout the planning process the following goals were the focus of direction. In addressing each goal, a number of issues were identified. The next step was to develop specific objectives to facilitate the achievement of each goal. It is the understanding of the Kentucky Citizens' Planning Council that all goals and objectives can be implemented only within the constraints of funding availability.

Goal #1: To obtain or provide for services at the local level so that all persons with mental retardation can remain in or return to their communities.

This goal covers the complete array of issues brought out in this planning process and the purpose of the plan. It refers to activities and procedures needed to maintain individuals with mental retardation in their own communities and to return those in the institutions to their home communities.

ISSUES:

While trying to reduce the population in the institution and increase community services, there is nothing stopping the flow into the front doors of the institutions or the conversion of other facility beds to ICF/MR beds.

There needs to be continued deinstitutionalization programs for persons with mental retardation from all types of facilities (private mental retardation facilities, psychiatric hospitals, nursing homes, etc.).

There needs to be some incentives to raise local funds.

The present income eligibility requirements for services often eliminate the middle income families because they do not qualify for state or federal funds and cannot afford the services themselves.

Zoning restrictions are in some areas holding back the development and expansion of community residential alternatives.

OBJECTIVES:

1.1 Amend the State Health Plan to include a permanent moratorium on the conversion of both existing skilled nursing care facilities and existing intermediate care facilities to ICF/MR.

1.2 Amend current state regulations governing the licensure of personal care homes to require a preadmission review of all persons with mental retardation for whom admission is sought to those facilities to determine if a less restrictive alternative can be arranged. A MR/DD staff person from the local area who is aware of the local resources will be a member of the preadmission committee.

1.3 Amend the process used by the Bureau for Social Insurance staff to determine if an ICF/MR level of care can be authorized for an individual with mental retardation, to require a review of residential alternatives in the community by a local mental retardation authority designated by the Kentucky Department for Human Resources.

1.4 Continue the New Neighbors Project for deinstitutionalization and expand that project to include persons in the community at risk of institutionalization.

1.5 Develop more local funding incentives.

1.6 Eliminate income barriers to services.

1.7 Promote zoning regulations that would be conducive to the development of community residential placement.

1.8 Provide both in-home and out-of-home respite services in the community.

Goal #2: To obtain or provide an array of services which will meet the needs of persons with mental retardation throughout life.

The entire range of services needed from birth throughout life are included. This includes services to the individual and his/her family. The goal will facilitate integration into the community, elimination of duplicate services and support to the natural home.

ISSUES:

There are very few pre-school/early intervention programs. Even with those programs there are large gaps in services, particularly for ages 0-4 and 18-death, but also including school age. These service gaps also exist for persons with severe and profound handicaps.

The present New Neighbors Project for deinstitutionalization provides funds for moving people from the mental retardation facilities to the communities, but there is not much money for community residential services for those people presently living in the community.

There is a lack of vocational programs and employment opportunities.

Respite care in the community is needed.

In some areas there are not enough professional services and in others, they may be completely unavailable.

There is a need for year-round recreation/leisure programs for people of all ages.

OBJECTIVES:

2.1 Establish through appropriate legislation and interagency agreements, a vehicle for providing a full array of services for children with handicaps ages 0-21.

2.2 Make residential alternatives available to all people in their region whether they currently reside in the community or are in institutions.

2.3 Develop a variety of supervised employment opportunities, training, and job placement services in private industry and in sheltered work environments in each region.

2.4 Develop an expanded network of community based in-home respite programs throughout the state and do not increase the number of institutional respite beds.

2.5 Provide and expand social services, psychological services, occupational/physical therapy, medical and dental services, and transportation. These services should be available at least regionally.

2.6 Provide a year-round leisure time/recreation program emphasizing the use of generic services.

2.7 Assure inclusion of persons with severe and profound mental retardation in all programs and services for persons with mental retardation.

Goal #3: To promote the development of services for persons with mental retardation through the use of resources and settings available to all citizens.

This goal reflects efforts to plan and coordinate generic services in each region. The implementation of this goal is necessary for individuals with mental retardation to use the community, to be a part of the community and to be accepted by the community.

ISSUES:

More money is needed for support services.

There is a lack of vocational and pre-vocational programs because the requirements for these programs are such that they eliminate the severely handicapped.

Not all persons with mental retardation are receiving appropriate educational services.

OBJECTIVES:

3.1 Restore dental services for persons with mental retardation under Medicaid.

3.2 Facilitate the planning of elementary, secondary and vocational programs to appropriately serve persons with mental retardation.

3.3 Promote access to adult education services in all regions for persons with mental retardation.

3.4 Advocate for client use of appropriate public transit.

Goal #4: To increase the skills of persons with mental retardation so that they may participate in and contribute to the community.

The purpose of this goal is to assist the person with mental retardation to increase the skills needed to participate in and contribute to the community.

ISSUES:

Agency coordination for implementation of services at present is inefficient and at times non-existent.

Vocational and pre-vocational programs for school age persons with mental retardation are greatly lacking.

The public is often unaware of the availability of services or how to access those services.

OBJECTIVES:

4.1 Develop a system of coordination and implementation of services to ensure maximum efficiency.

4.2 Develop a letter of agreement with the Department of Education to develop a specific plan for increasing the number of vocational and pre-vocational opportunities for persons with severe and profound handicaps. For school age persons this includes the availability of vocational programs in the least restrictive setting within the public school system for all students with severe/profound mental retardation. An increase in the available vocational training slots for adults with severe/profound mental retardation is also needed.

4.3 Develop more public awareness of service availability and improve access to services by staff involvement in local advocacy, professional and other interest groups.

Goal #5: To support and assist families in meeting the needs of their family members with mental retardation.

Family involvement and support is a key element for community based programs and assurance of a person's right to the "least restrictive alternative."

ISSUES:
There should be support to families to meet the needs of their family members with mental retardation so that they do not have to resort to out of home placements.

OBJECTIVES:

5.1 Develop financial support (subsidies) to allow the individual to remain in his natural home.

5.2 Develop and implement self help groups (e.g., parent-to-parent and client advocacy groups) in each region.

5.3 Link persons with mental retardation and their families to family counseling, legal and life planning services (wills, trusts, etc.) when such services are needed. Where such services are not available, develop them.

5.4 Involve parents through infant stimulation/early intervention, respite/community training home, and adult training programs in each region.

5.5 Develop individualized program plans for all clients in residential/training programs through the interdisciplinary process. Include the individual and his or her family (when appropriate) in the planning process and the prioritization of goals.

Goal #6: To increase the public's understanding of the abilities and needs of persons with mental retardation and their families.

Knowledge, attitude and acceptance are crucial components of the community based service system. This goal addresses public education and information efforts by the regions and the state as a whole.

ISSUES:
The public lacks general know-

ledge of and accepting attitudes toward persons with mental retardation. This includes knowledge of legal rights and a differentiation between mental retardation and mental illness. Until accurate information is known, attitudes, myths, and fears will not be changed.

The system lacks an efficient and systematic public relation/education component which would keep the public accurately informed of major issues.

OBJECTIVES:

6.1 Develop a concerted statewide effort to educate the general public regarding persons with mental retardation. This effort (campaign) would have as its goal the provision of correct information that would have a positive impact on changing fears, myths, and negative attitudes regarding persons with mental retardation.

6.2 Allocate to the Division for Community Services for Mental Retardation specific funds for such a campaign that would finance multimedia (t.v., radio, films, etc.) presentations, publication of printed materials, speakers, etc. An adequate number of staff should be delegated the responsibility of coordinating these efforts.

6.3 Promote public awareness through feature stories in local newspaper on achievements made.

6.4 Develop in each region a comprehensive program for utilization of mass media resources to acquaint the public and private agencies, business community and medical community with the needs and desires of people with mental retardation.

Goal #7: To provide staff with all resources necessary to fulfill their responsibilities.

Quality of services is highly correlated with having an adequate number of well trained staff. This goal addresses quality of staff and the continued training of staff.

ISSUES:

Professionals need training. There are very few places in the country where mental retardation is even an emphasis in formal training programs. A lack of training in college programs as well as a lack of systematic opportunities, to review new technology and materials in the field are both examples of needed staff training.

Standard minimal requirements for staff qualifications and continued training/education do not exist statewide.

OBJECTIVES:

7.1 Intensify staff training/supervision in appropriate philosophy and intervention strategies. This should be done on a continuous basis.

7.2 Provide competitive salaries commensurate with abilities/training and job responsibility.

Goal #8: To provide an administrative structure which is consistent with the goals and philosophy contained in this plan.

This goal deals with the attempt to develop a management structure conducive to the development of an adequate service delivery system.

ISSUES:
A value based ideological philosophy accepted by all regions as the basis for program development and funding at the state level has not been adopted.

The present mandated composition of regional MH/MR board does not guarantee that people with an interest in and commitment to mental retardation as well as consumer groups are on the boards.

There needs to be a differential funding formula.

Funding sources used to support institutional care (Title XIX's ICF/MR program) are not currently available to support the same wide array of services in community settings. Partially as a result, persons with mental retardation have often sought institutional care in order to obtain specialized services not funded in the community.

456

OBJECTIVES:

8.1 Develop a differential funding formula to accomodate different regional costs.

8.2 Provide a flexible furding mechanism which will allow individual needs to be met in the least restrictive environment.

8.3 Develop in each region due process and procedural review boards to provide an appeal process for primary and secondary consumers.

8.4 Implement Recommendation 12 (Enjoin the Bureau for Health Services to assure through its contracting process that 30% of MH/MR board membership demonstrate interest in and commitment to services for persons with mental retardation. The Bureau for Health Services should also require provision of services to the persons with mental retardation, with mental illness, and problems with substance abuse on an equitable basis). And Recommendation 13 (Support two or more experimental regional service delivery systems which separate mental health and mental retardation boards in order to determine the effectiveness of this approach).

Goal #9: To provide for a systematic planning, evaluation, and resource development process consistent with the priorities of the regions.

This goal relates to planning future services, evaluation of those services for program quality and resource development.

ISSUES:
There needs to be a systematic planning system flowing from state to region to local community and back to the region and state.

State regulations for program quality do not exist.

457

OBJECTIVES:

9.1 Review and update the Three Year Plan annually by a citizens' planning council composed of representatives from each of the regions plus other appropriate advocacy groups.

9.2 Allow the regions to set their priorities within the established overall state goals.

9.3 Develop a system for the internal and external evaluations of individuals, programs and systems at a local, regional and state level.

Goal #10: To advocate for the rights and responsibilities of persons with mental retardation and their families.

This goal addresses issues involving regional acceptance of the responsibility of providing and advocating for services which are consistent with the human and legal rights of persons with mental retardation. This involves providing information about rights as well as actively pursuing those rights.

ISSUES:

Strong advocacy groups do not exist in all regions of the state. This includes class advocacy groups which deal with policy and public issues, as well as groups for citizens advocacy which relates directly to an individual.

OBJECTIVES:

10.1 Promote and support advocacy groups in all regions and develop ways and means of coordinating their efforts.

10.2 Encourage the development of citizens' advocacy programs throughout the state.

LIBERTY
IN GOD WE TRUST
LIBERTY
UNITED STATES OF AMERICA
FIVE CENTS
MONTICELLO
E PLURIBUS UNUM
E PLURIBUS UNUM
MONTICELLO
FIVE CENTS
UNITED STATES OF AMERICA
JS '81

FISCAL

BUDGET PROCESS

STATE BUDGET PROCESS

Kentucky's legislature is the ultimate authority within the state to appropriate funds to state agencies. Every even numbered year the legislature, as one of its functions, approves the executive budget as presented by the Governor. The budget is prepared for a two-year period or biennium.

The Department for Human Resources' budget is prepared using a "grass roots" or "bubble up" approach. This process is designed to involve the state level managers of programs directly in the budget-making process. The same process is followed by subprogram managers, program managers, and Bureau Commissioners - some 200 people in all - with each level building on the decisions made by the level below.

Each subprogram manager is asked to identify long-range goals, consistent with executive policies, for the next four to six years. Based on the long-range goals, they then establish a two year goal and annual objectives. Both goals and objectives include plans to measure progress, plus a statement of the change expected to result because of the service delivered in each subprogram and program.

Once the goals and objectives are established, the budget instructions from the Office of Policy and Management are followed. Each manager describes the procedures to be followed for carrying out these goals and objectives, identifies the cost and describes the beneficiaries. Wherever higher management subsequently finds it necessary to raise or reduce dollars, the public impact of such changes is clearly visible for consideration. This makes it possible for managers at all levels, including the Secretary, to base their decisions on executive policies and priorities.

The Bureaus prepare their own budgets, which then are reviewed by the Executive Policy Committee, so that each Commissioner can see his budget request in relation to those of the other Bureaus. After a final review by the Secretary, the DHR budget proposals are forwarded to the Department of Finance, the Governor, and the Legislative Research Commission for inclusion in the final Appropriation Bill which goes to the State Legislature.

This approach to preparing the Department's budget was chosen because:

1. Program managers know the programs, the population to be served, needs and what portion of the need the programs are currently meeting;

2. Program managers who are responsible for managing programs cannot be expected to manage successfully unless they are active participants in the budgetary process;

3. A clear and concise line of accountability needs to be identified in budget preparation. The budget is a decision making package which contains the original recommendations of the program managers, their superior's response to the Bureau's recommendation. Each manager is thus better prepared for program accountability by having

exercised a portion or responsibility during the priority-setting and decision process.

KENTUCKY BIENNIAL BUDGET CALENDAR

Activities By Agency	Odd Numbered Fiscal Year (i.e., FY '81)												Even Numbered Fiscal Year (i.e., FY '82)											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June
Department for Human Resources (Applies to all units) - internal initiative	(Evaluation Previous Fiscal Year)				(Conduct Biennium Needs Assessment)			(Review Annual & Develop biennial priorities)			(Prepare Annual Budget Spread)		(Evaluation Previous Fiscal Year)						(Review Annual Priorities)			(Prepare annual Budget Spread)		
Department for Human Resources - external initiative								(Program Memo)		(Policy Memo)			(Prepares biennial budget spread)						(Legislative Budget Hearings)					
Department of Finance						(Request Program Memo)		(Requests Policy Memo)		(Develops biennial budget instructions)						(Reviews Budget Requests)		(Prepares Detailed State Budget Proposal)						
Legislative Research Commission (LRC)	(Studies agencies, visits facilities, conducts special studies, etc.)															(Reviews Budget Request)			(Drafts appropriation Bill)					
State Legislature	(Interim committees meet on issues and in preparation for next Session)------------																		(Legislature Session) (Passes Appropriations Bill)					

Source: Department for Human Resources
Office of Policy and Budget

REGIONAL FUNDING PROCESS

The proposed budget is drawn up by Regional MH/MR Board staff members and coordinated by the executive director and the director of finance. The draft annual budget is then presented to the finance/budget committee for detailed discussion and revision. If approved by the finance/budget committee, the draft budget is recommended to the Board for approval. All members of the Board receive copies of the proposed budget with supporting explanations and other relevant data in sufficient time before the meeting to allow for adequate review. The chairperson of the finance/budget committee leads the discussion of the proposed budget during the Board meeting. Appropriate staff are available to provide additional justification for the budget and to answer questions as necessary. After the Board has discussed the proposed budget and resolved all questions, a vote of the Board is taken and the proposed budget is adopted as the annual operating budget. The budget is then presented to the Department for Human Resources through the Annual Plan and Budget document.

Since a large proportion of services are provided through the community mental health/mental retardation centers, allocation of funds are provided through an Annual Plan and Budget required to be submitted to the state agency. The Annual Plans and Budgets describe the needs of each of the catchment areas of the state and basically is a proposal to the state on the part of the center to meet as much as possible those needs within the catchment areas. A program action strategy is proposed by the center with the amount of the funding required.

Since the funding of the community mental health/mental retardation centers crosses three program bureaus, an exhaustive review process has been initiated to ascertain the amount of funding available, and the capability and capacity of the center to provide services at the community level. Funds available at the State level include both Federal and State funds. The Department for Human Resources has the responsibility for approving the Annual Plans and Budgets. Once it is approved a contract is signed which describes the funding level by programs.

Funds are divided among the programs primarily as a result of the budget process, priority of the program, and the availability of State and Federal funds to support the major objectives identified.

Each year, in accordance with the approved Executive Budget, funds are allocated to the many host of programs conducted by the Department for Human Resources. Budgets are administered both at the state program level and in a state central auditing unit.

Each state level subprogram and program manager knows the budget for which they are responsible. The budget contains information concerning salaries, fringe, travel, equipment and services (if these are purchased outside his program area). The responsibility of the state level managers is to monitor the expenditures incurred during the fiscal year to see that they are not exceeding the allocation and that the funds are being expended in accordance with the budget. All expenses incurred are reported to a centralized accounting operation within the Office of Administrative Services.

The Office of Administrative Services likewise, has knowledge of the subprogram and program budget(s). The centralized accounting function monitors the budget and prepares periodic reports which are forwarded to the manager showing the expenses against available revenue.

In cases where funds (state and federal) are allocated to support community programs, either community mental health/mental retardation centers and their affiliates, or other agencies, a contract is negotiated. The contract describes any controls which may be instituted and establishes a mechanism for reporting the expenditures of funds and their utilization to meet program objectives.

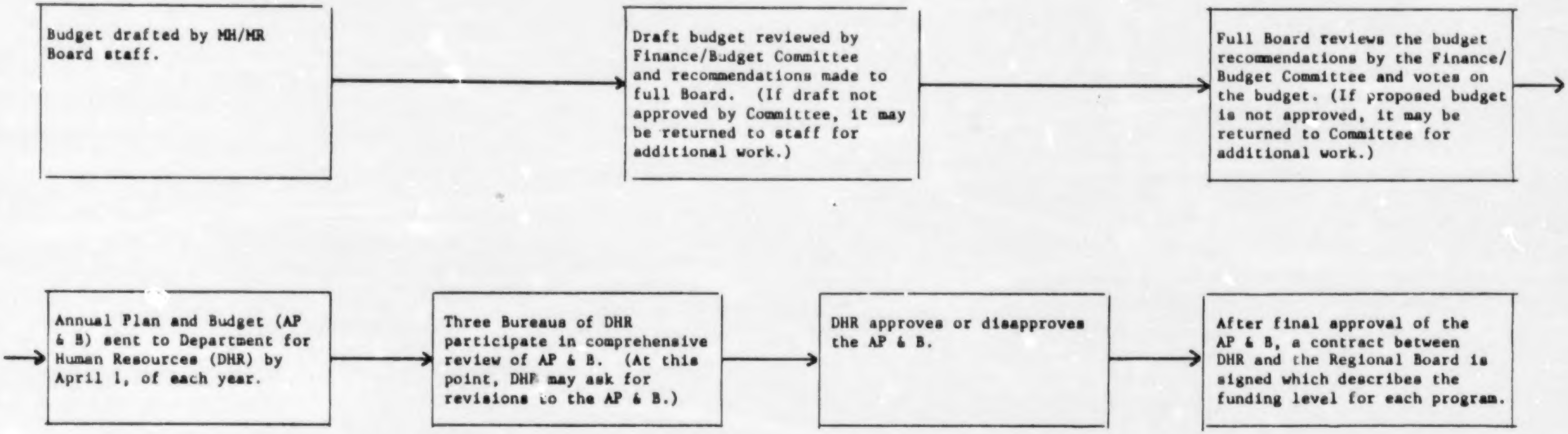
Within each Bureau for the State agency, there is a Budget Coordinator whose responsibility it is to coordinate the preparation of the budget and to monitor and evaluate planned expenditures against actual expenditures.

Administration of the budget is dependent on a number of State and Federal regulations designed to assure appropriate expenditure of funds. It is the responsibility of the administering program to assure compliance with these regulations.

Annual Budget Process

for

Regional Mental Health/Mental Retardation Boards



Budget drafted by MH/MR Board staff.

Draft budget reviewed by Finance/Budget Committee and recommendations made to full Board. (If draft not approved by Committee, it may be returned to staff for additional work.)

Full Board reviews the budget recommendations by the Finance/Budget Committee and votes on the budget. (If proposed budget is not approved, it may be returned to Committee for additional work.)

Annual Plan and Budget (AP & B) sent to Department for Human Resources (DHR) by April 1, of each year.

Three Bureaus of DHR participate in comprehensive review of AP & B. (At this point, DHR may ask for revisions to the AP & B.)

DHR approves or disapproves the AP & B.

After final approval of the AP & B, a contract between DHR and the Regional Board is signed which describes the funding level for each program.

Source: Administrative Services Branch
Division for Community Serivces for Mental Retardation

BUDGETING PROCESS FOR STATE OWNED FACILITIES

1. The facilities submit annual/biennial budget requests based upon prior written instructions.

2. Bureau for Health Services staff review of programmatic and budgetary plans includes comparative analysis of prior year actual operations to arrive at the fair and just budget needed to accomplish established goals.

3. Decision on the amount to be requested/budgeted could be referred back to the facility for changes or organized and forwarded to the next budget step. If the budget request were disapproved for some reason, it would be sent back to the facility for modification. Normally, this would require an amended budget only, although some related information could be requested.

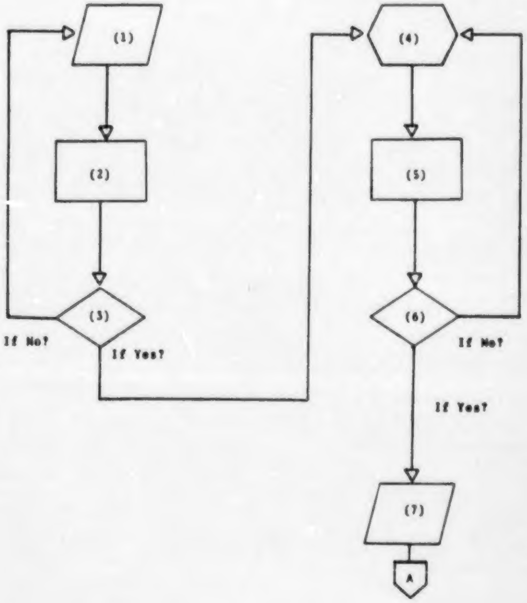
4. The process of assimilating various pieces of information into the budget package to be submitted to Human Resources' Office of Policy and Budget is required for approval. Secondary information may be added for additional clarity.

5. Office of Policy and Budget staff review programmatic and budgetary plans.

6. A decision is required of the Office of Policy and Budget and/or the Secretary to either approve or disapprove the budget proposal submitted. If the proposal is disapproved, it will be returned to an administering Bureau/Division for revisions.

7. * Submission of the approved Department for Human Resources budget request to the Department of Finance and various legislative committees is required here.

* Note: For the preparation of the annual budget within a biennium this step in the process is unnecessary.



Source: Bureau for Health Services
Office of Staff Services
Budget and Accounting Section

FINANCING

Sources and Flow for Community Services to Persons with Mental Retardation

This section is presented in the following order:

FEDERAL FUNDS

- I. Title I of the Elementary and Secondary Education Act (P.L. 89-313)
- II. Title XX of the Social Security Act (Section 2001)
- III. Title V of the Social Security Act (Section 1615)
- IV. The Developmental Disabilities Act (P.L. 95-602)
- V. The Education for All Handicapped Children Act (P.L. 94-142)
- VI. The Rehabilitation Act of 1973 (P.L. 93-112)
- VII. The Comprehensive Employment and Training Act (CETA, P.L. 95-524)
- VIII. Title XIX of the Social Security Act (P.L. 95, 37, Section 2176)

STATE GENERAL FUNDS

- I. The Basic Allocation
- II. The Division for Community Services for Mental Retardation Allocation

OTHER FUNDS

- I. Local Funds
- II. Client Funds
- III. Civilian Health and Medical Program of the Uniformed Services
- IV. Private Insurance

I. TITLE I OF THE ELEMENTARY AND SECONDARY EDUCATION ACT (P.L. 89-313)

Funds are available under the Public Law 89-313 Amendment to Title I (of the Elementary and Secondary Education Act) to state agencies that are responsible for and do provide educational services to children with handicaps. These funds are used to support activities which are in addition to or go beyond basic types of programming.

The Division for Community Services for Mental Retardation of the Bureau for Health Services serves as the administrative link between the Kentucky Department for Human Resources (DHR) and the Kentucky Department of Education as the funds are distributed to the 15 (state supported) Regional Mental Health/Mental Retardation Centers and 7 (state owned) facilities.

In order to qualify for Title I funds, the state agency's (DHR) MH/MR Centers and/or facilities must have been in operation for 2 years, receive substantial state support, and provide a free education to children with handicaps under 21 years of age.

The U.S. Department of Education notifies the Department for Human Resources (via the Kentucky Department of Education) of the appropriations made by Congress and a "rate per child" is then established in order to determine the amount of funding per region and/or facility. The maximum grant which the Department for Human Resources is eligible to receive for a fiscal year is determined by multiplying one-half of the state average per pupil cost of educating children in local public schools throughout the state, or one half the national average cost per pupil, whichever is greater, times the average daily attendance of handicapped children eligible to be counted in the programs supported or operated by the Department for Human Resources. In fiscal years when Congress appropriates full funding, the Department's allocation will be 100% of the amount determined above.

Regional mental health/mental retardation boards and facilities submit monthly expenditure reports (for expenditures approved in the grant application) to the Department for Human Resources (through the Division for Community Services for Mental Retardation and Bureau for Health Services) for reimbursement.

In fiscal year 1978-79, the total number of handicapped children served (as determined by the average daily attendance count) in the regional mental health/mental retardation board's programming was 649. The total Title I eligible children counted from the facilities was 445. The number of children counted from the mental health/mental retardation region's programming in 1980 increased to 971, while the total count from facilities dropped to 439. The population increase seen with the regional center's programming can be contributed to a) the importance placed on starting early intervention and pre-school activities and b) affiliations with other community agencies providing educational services.

II. TITLE XX OF THE SOCIAL SECURITY ACT (Section 2001)

The federal allotment to Kentucky for social services expenditures pursuant to Title XX of the Social Security Act is based on the most current Bureau of the Census population statistics available from the U.S. Department of Commerce. The Title XX allotment to Kentucky flows from the U.S. Department of Health and Human Services to the DHR-the state agency designated with authority by statute (KRS 194-010) to administer Title XX. The single organizational unit within DHR which has been designated to administer Title XX is the Bureau for Social Services (BSS).

Via an "Intra-Departmental Agreement of Understanding Relating to Title XX Services", BSS provides certain Title XX social services through contracts between the Bureau for Health Services (BHS) and the fifteen (15) local community mental health/mental retardation boards. The Bureau for Health Services is the responsible agency for mental health/mental retardation services in the state. The allotments to the boards are adjusted based on the amount of Title XX dollars available to BSS and such adjustments are consistent with House Bill 931, passed in the 1980 general assembly. The current payment procedure is the "Title XX Automated Payment Process" developed by BSS. Each month the boards report services rendered which are entered into a computer and the computer produces an Automated Payment Register and Check Tape. Payment distribution to the boards then occurs via the Division for Fiscal Services, Office of Administrative Services (within DHR), based on authorization by BHS. Rates of payment per service are established by each board via a cost reimbursement mechanism and total reimbursement does not exceed the total allotment.

Individual eligibility is determined by the boards and includes Aid for Dependent Children recipients, SSI recipients, and income eligibles. Income eligibles are determined utilizing an income scale based on 80% of the median income for residents of Kentucky by family size, promulgated by the Secretary of the U.S. Department of Health and Human Services for a family of four. Should the boards subcontract any Title XX services, the eligibility determination remains a function and the responsibility of the boards.

The historical trend in regard to the total Title XX funds going to the boards is as follows:

1) FY78-79 level was maintained at the FY 77-78 level;
2) FY79-80 level was maintained at the FY 78-79 level;
3) FY 80-81 level was reduced by 6.5%; and
4) FY 81-82 level had been reduced by 12.7% based on the best estimate of available Federal funds.

It should be noted that the total Title XX funds allotted to the boards are for the provision of mental health and mental retardation services. Each board is responsible for allocating the total Title XX dollars among the mental health/mental retardation services they contract to provide. As a result the boards allocated a portion of their Title XX dollars to mental retardation services (work activities, preschool, group home and sheltered workshops) as follows:

FY 78-79: $6,168,586
FY 79-80: $6,531,873 - an increase of 5.9%
FY 80-81: $6,213,984 - a 4.9% decrease
FY 81-82: $6,024,155 - a 3.1% decrease

The population with mental retardation being served has remained fairly constant over the years. FY 78-79 shows an 8% decrease in unduplicated clients served as compared to FY 77-78, while FY 79-80 shows a 3% increase (see table).

Title XX dollars going to mental retardation in FY 79-80, showed a 5.9% increase along with a 5% increase in the number of unduplicated clients served. FY 80-81 showed a 4.9% decrease in dollars going to mental retardation but a 3% increase in clients served.

MENTAL RETARDATION POPULATION SERVED BY TITLE XX FUNDS

	FY 77-78	FY 78-79	FY 79-80	FY 80-81
Adult Activities	1,584	1,607	1,726	1,702
Preschool	649	550	558	450
Sheltered Workshop	545	370	382	658
Group Home	223	197	193	134
TOTAL	2,965	2,724 (-) 8%	2,859 (+) 5%	2,944 (+) 3%

III. TITLE V OF THE SOCIAL SECURITY ACT (Section 1615) SUPPLEMENTAL SECURITY INCOME-DISABLED CHILDREN'S PROGRAM (SSI-DCP)

The SSI-DCP program operates on 100% funds by way of a grant from which the monies are deposited with the State Treasurer from which source the funds are spent to carry out the State Plan for Disabled Children's Program.

Contracts are entered into between the Bureau for Health Services and the regional mental health/mental retardation boards for the purpose of carrying out case management functions for the eligible population. A dollar amount is put in this contract to draw against and payment is made to the board on a monthly basis on the amount of activity involved with the Disabled Children's Program. Each service paid for from these funds must be pre-authorized and must relate to the SSI-DCP eligible child as described in the child's individual service plan. The direct services provided include medical, social, educational, and developmental.

In order to be eligible for this program, a child must be receiving benefits under the Supplemental Security Income Program and be sixteen years of age or less. The Social Security Administration makes this determination based on family income and resources, and sends it to the Bureau for Social Insurance in Frankfort where the medical determination is made as to whether this child is eligible for Disabled Children's Program funds.

This source of funds first became available in Kentucky in 1978 in the approximate amount of $450,000. The program was suspended in June 1980 because Federal funds were withheld and started again in March 1981 when a grant in the amount of $521,400 was announced through the regional office in Atlanta.

As of January 1980, it was estimated that there were 3,713 children eligible for the program, 1,035 below the age of seven and 2,678 were seven through fifteen years of age. It was further estimated at that time that there would be approximately 6,000 eligible by 1982.

Because the program is relatively new and unknown to many potentially eligible persons as well as to agencies representing them, there has not been a heavy demand on the available funds. When arrangements have been made with all 15 regional MH/MR boards, (10 of 15 have been completed) the present level of funding will provide for only a small amount to be spent per child and priorities will need to be set, even within the list of services intended to be covered under the federal regulations.

IV. DEVELOPMENTAL DISABILITIES (P.L. 95-602)

Federal developmental disabilities funds are available according to a formula based on need and population to each state that has established a state planning council, a protection and advocacy office, and an approvable three year DD plan. The funds are allocated by the Administration on Developmental Disabilities, Department of Health and Human Services, to the Department for Human Resources. The total allocation to the state must be matched, with the federal funds making up no more than seventy-five percent (75%) of the total program cost. This match is usually passed on to local subgrantees, allowing a reduced ten percent (10%) match for poverty areas. Additional match is provided by state funds used by the Department to administer the plan and the state planning council. Match may be inkind. The Department for Human Resources distributes the funds in order to accomplish goals and objectives developed by the DD Council in their state plan. During the three year period, 1981 - 1984, sixty-five percent (65%) of the federal funds must be expended within the selected priority service areas of case management services and alternative community living arrangements. The remainder of the funds are expended for administration of the plan (no more than 5%), for support of the state DD Council and its staff, and other activities as designated within the DD state plan.

The funds are distributed to non-profit community agencies through a request for proposal (RFP) process. A RFP is drafted for each service element of the plan. Because of the state's policy to deliver all mental retardation services through the regional mental health/mental retardation boards, they are the primary recipients of most RFP's. Some requests go to state universities and selected specialized agencies. All proposals are reviewed on a competitive basis by a committee of Division for Community Services for Mental Retardation staff with supplemental members from the state planning council staff and membership.

Billing for services is on a monthly reimbursement basis. All providers who work directly with clients are required to document, by Individualized Habilitation Plan number, which clients received services.

A client must be certified eligible in order to receive services reimbursed with developmental disabilities funds. The definition of a developmental disability is set by Congress in the statute establishing the program:

> *The term 'developmental disability' means a severe, chronic disability of a person which--*
>
> (A) *is attributable to a mental or physical impairment or combination of mental and physical impairments;*
> (B) *is manifested before the person attains age twenty-two (22);*
> (C) *is likely to continue indefinitely;*
> (D) *results in substantial functional limitations in three or more of the following areas of major life activity; (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic sufficiency; and*
> (E) *reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment*

> *or other service which are of lifelong or extended duration and are individually planned and coordinated.*
>
> (Public Law 95-602, as amended; Title V, Section 102 (7).)

Community mental health/mental retardation boards are responsible for submitting a Certification of Eligibility form for each client they determine to meet the above definition. Within sixty (60) days an Individualized Habilitation Plan (IHP) must be completed, detailing long and short range habilitation objectives and services to be delivered. The IHP's must be updated annually. They are maintained on file at the center and in Frankfort.

The developmental disabilities program has received increased levels of funding since its beginning a decade ago. In 1978, Kentucky received only $600,000 federal funding compared to $829,327 for 1981. The funding levels for 1982, 1983, and 1984 are expected to remain constant at the $829,327 level. Consistently the greatest proportion of funds are passed on to community agencies for direct services.

The population intended by Congress to be served has not changed greatly over the course of the developmental disabilities program; however, the interpretation of that intent by the states has changed. Until 1979, it was generally assumed that all individuals with mental retardation, epilepsy, cerebral palsy or autism were eligible. In Kentucky the prevalence of that eligible population was estimated to be 3.82 percent of the state's population. The functional definition included in Public Law 95-602 clarified Congressional intent that the most severely impaired persons with these and other conditions were to be considered developmentally disabled. The prevalence estimate for the revised definition is 1.8 percent or approximately 64,000 individuals. Of that potential service population, approximately 600 individuals have completed IHP's and are receiving at least some services under the developmental disabilities program.

The Developmental Disabilities Program has concentrated its funding on community-based services. At least since 1977, the projects have been aimed at deinstitutionalization. The availability of this federal funding source has greatly contributed to the growth of regional mental retardation/developmental disabilities service systems.

V. EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (Public Law 94-142)

There is some funding for handicapped children associated with P.L. 94-142. It is designated for "related services", such as transportation, corrective services. However, there are inherent problems that preclude it from being considered as of much help to DHR functions.

(1) This funding, commonly called "Part B" money, is disbursed only to public schools through

the Annual State Program Plan Amendment for Part B of the Education of the Handicapped Act as Amended by Public Law 94-142 originating in the Bureau of Education for Exceptional Children.

(2) This funding has never been dispersed at the level it was appropriated, and instead, is decreasing rather than increasing as it was supposed to do.

(3) Most of the children, for whom DHR is responsible in some way, are eligible for ESEA Title I from a DHR point of view. Title I is much better funding (almost three (3) times as much) than Part B, and can be used for more diversified needs. Once a child draws Title I money he is no longer eligible for Part B.

Also, once a child is eligible for Title I money, that eligibility stays with him on into the public school system, and is available to that child whether DHR works with him or not.

P.L. 94-142 is a source of funding for a few children with whom DHR may be working in some way. Eligibility for that service is determined by the local school district.

It is important to strive to get as many handicapped children as possible declared eligible for ESEA Title I.

VI. REHABILITATION ACT OF 1973 (as amended) (P.L. 93-112)

Congress budgets funds for Rehabilitation Service Administration. The State of Kentucky receives 2% of the Section 110 monies which is the major source of rehabilitation funding.

Bureau of Rehabilitation Services 1.8% of the 2% allotted to Kentucky and Bureau for the Blind receives .2% of the funds.

The state agency allots money to sixteen district managers who in turn distribute funds to counselors under their supervision. The state agency utilizes a formula to make distribution of monies. The formula includes the number of severely disabled clients they rehabilitate.

The counselor is responsible for determining eligibility for each individual. The eligibility criteria are:

1) an individual has a substantial handicap to employment as a result of the limitations imposed by a physical or mental disability, and

2) vocational rehabilitation services, including substantial guidance and counseling, may reasonably be expected to benefit the individual by resulting in suitable employment.

The Bureau of Rehabilitation Services has decreased the expenditure of monies by 24.2% on clients with mental retardation from fiscal year 1978-80.

During the same time period the agency decreased by 36.6% the number of clients with mental retardation that it served.

The following figures indicate only the number of rehabilitation clients with a primary diagnosis of Mental Retardation that were served during the federal fiscal year indicated:

1978	2,225 clients	$1,593,887
1979	1,740 clients	$1,628,817
1980	1,411 clients	$1,027,625

VII. COMPREHENSIVE EMPLOYMENT AND TRAINING ACT (CETA-Public Law 95-524)

Title IIB Comprehensive Employment and Training Act (CETA) funds are distributed to the Kentucky Bureau for Manpower Services from funds authorized by Congress to the Atlanta Regional U.S. Department of Labor. The Bureau for Health Services receives CETA monies through grant/contract procedures with the Bureau for Manpower Services.

The Bureau for Health Services, Division for Community Services for Mental Retardation contracts with balance of state community agencies for use of Title IIB funds. Determination of amount of funds distributed to each agency is made based upon need, existing community programs, and total amount of funds allocated to the Division. Requirements include participant eligibility in balance of state counties, work experience training supervision, and job rotation. Payment of incurred expenses is made by means of monthly invoicing submitted by the Bureau for Health Services to the Bureau for Manpower Services for payment.

Individual eligibility for Title IIB Work Experience is determined by local Bureau for Manpower Services office personnel in balance of state counties and is based upon U.S. Citizenship and the participant being economically disadvantaged, unemployed, underemployed, or in school.

Since its inception in 1973, CETA funding has increased yearly until 1979, at which time funding began decreasing. The 1982 budget reflects a 69% decrease over the 1981 Federal CETA allocations.

In 1981, Public Service Employment Programs under Title VI of CETA were eliminated entirely, leaving only Title IIB, Title IV (Youth Programs) and Title VII (Private Sector Initiative Program). Title VII is the only section of CETA, which in 1981, received the same amount of funding as the previous year. All other CETA Program allocations decreased.

1981 is the first year CETA Title IIB Work Experience funds have been used to support community-based services for people with mental retardation. CETA funds represent 13% of the total funds supporting community-based services in Kentucky. To date, Kentucky is the only state utilizing CETA Title IIB Work Experience funds to provide community services to people with mental retardation.

VIII. TITLE XIX OF THE SOCIAL SECURITY ACT (Section 2176)

Medicaid Supported Community-Based Services

Section 2176 of the Omnibus Reconciliation Act which amends Section 1915 of the Social Security Act provides that a state may seek a waiver from the Department of Health and Human Services to permit the

State's Medicaid plan to include certain community-based services for persons who would otherwise require long-term institutional care. As noted in the October 1, 1981, edition of the Federal Register, until the passage of the Act, the Medicaid program had provided little coverage for long-term care services in a non-institutional setting, while financing full or partial coverage for such care in an institution.

The new legislation, and the regulations promulgated to implement it, do provide an opportunity for the states to offer alternative services in the community. According to an analysis distributed by the Association of State Mental Retardation Program Directors, the alternative services option may help states cope with the federal government's efforts to limit Medicaid expenditures in the area of long-term care.

Under terms of the amendment, a state may gain Medicaid reimbursement for the provision of case management, personal care services, habilitation services, homemaker (home health services, adult day services, respite care services, and others) to persons who would otherwise require the services of a skilled nursing facility, intermediate care facility, or intermediate care facility for persons with mental retardation. The amendment however does not exempt any new community-based programs from the federal government's Medicaid cost containment measures which make it difficult to add new service components to its Medicaid program.

The Department for Human Resources is currently investigating the waiver request option provided by the recent legislation to determine if a community-based program can be added to the state's array of Medicaid-funded services.

STATE GENERAL FUNDS

I. The Basic Allocation

The Basic Allocation of state funds flows for the Department for Human Resources, Bureau for Health Services to the regional MH/MR boards via a Program Administration contract. This method of allocation is authorized by the Kentucky Revised Statute 210.410 which states that:

"(1) The Secretary for Human Resources is hereby authorized to make state grants and other fund allocations from the Department for Human Resources to assist any combination of cities and counties, or non-profit corporations in the establishment and operation of regional community mental health and mental retardation programs which shall provide at least the following services:

(a) Inpatient services;
(b) Outpatient services;
(c) Partial hospitalization services;
(d) Consultation and education services; and
(e) Mental retardation services."

State funds allocated under the above authority include the

"Basic Allocation" which is used for the general operation of the regional MH/MR boards and is divided as follows:

1. Per Capita-(70.2%) Allocations from this source are based on the population of the state and the population of each region.
2. Incentive-(19.8%) Allocations from this source are allocated according to the same formula as the per capita but based on the regional board's record of collections.
3. Discretionary-(10%) Allocations from this source are at the discretion of the Secretary of the Department for Human Resources and must be used for essential services.

The regional MH/MR boards must comply with the standards established by the "Facilities Specifications, Operation and Services, Community Mental Health-Mental Retardation Center" regulations as well as other regulations and standards established according to specific funding sources.

The monitoring and evaluation procedures for state funds are briefly described in the Regional Budget Process section of this plan.

The historical trend of state funding which went to the regional MH/MR boards by means of the Basic Allocation is as follows:

1. Fiscal Year 1978-79 $5,672,000*
2. Fiscal Year 1979-80 $5,931,600*
   (an increase of 5%)
3. Fiscal Year 1980-81 $7,171,700*
   (an increase of 21%)

*Source: Community Mental Health Center Branch, Division for Community Services for Mental Health.

II. The Division for Community Services for Mental Retardation Allocation

The process whereby the Department for Human Resources and the regional MH/MR boards request state funds for community services can be found in the sections of this plan entitled "Budget Process" and "Regional Funding."

The Division for Community Services for Mental Retardation within the Bureau for Health Services determines the amount of state funds to request partially based upon proposals of need submitted by potential service providers (primarily the regional MH/MR boards but also may include other non-profit agencies). These proposals describe the services to be provided, the client population to be served, the number of clients to be served, and a detailed budget of proposed costs. After these proposals are carefully reviewed, and sometimes revised, those that are approved by the Division for Community Services for Mental Retardation based on the goals and objectives of the Division, are used as the basis for the preparation of that part of the Division's budget request designated for program administration contracts.

After the Division's budget request is approved by the Department for Human Resources, legislative budget hearings are held to determine what funds are needed by the Department for services to persons with mental retardation. Revisions to the budget are then made and the revised budget package presented to the Department of

Finance which prepares a detailed State Budget Proposal. This proposed budget then becomes the basis for the Legislative Research Commission's draft appropriations bill which becomes the Governor's Budget Request. This bill is reviewed and discussed by the legislative committees where revisions may be made if necessary. The final appropriations bill designates specific amounts for mental retardation services.

The historical trend of state funding allocated (budgeted) to the Division for Community Services for Mental Retardation is as follows:

1. Fiscal Year 1978-79
   $1,256,484*
2. Fiscal Year 1979-80
   $ 983,173*
   (a decrease of 22%)
3. Fiscal Year 1980-81
   $3,138,785*
   (an increase of 21.9%)

*Source: Bureau for Health Services
Office of Staff Services
Budget and Accounting Section

OTHER FUNDS

I. LOCAL FUNDS

Local funds are at times awarded in such a manner as they are for a specific program or service. This quite often is determined by the source of these funds. However, these funds do not have to be program specific and may be spread across all service categories. This will vary from region to region.

These funds come from various sources such as private donations, in-kind contributions, such as building or equipment, and local tax dollars or local government grants.

Over the past few years, there has been a slight increase in local support, though this support has never been substantial. Local funds make up a very small percentage of a community MH/MR board's budget, and there are no programs that could survive on local funds alone.

II. CLIENT FEES

All services provided by community MH/MR centers are available to all persons regardless of their ability to pay. Each center has a sliding fee scale which determines whether an individual pays a full fee, a partial fee, or no fee at all. A client with no third party source available to him/her can be charged for that service (based on ability to pay); every service provided by a center has a fee attached to it.

Centers have always had sliding fee schedules, however, self-pay clients have never contributed significantly to the overall budget of any center. The percentage of self-pay clients is on an increase in some regions of the State.

Not all programs are eligible for the methods of reimbursement listed below. However, in some centers they do account for a certain percentage of the funds.

III. CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS)

CHAMPUS provides a uniform set of benefits to eligible members of all seven branches of the armed service. The program assists dependents of active duty service people and retired members to pay for health care that is obtained from civilian sources.

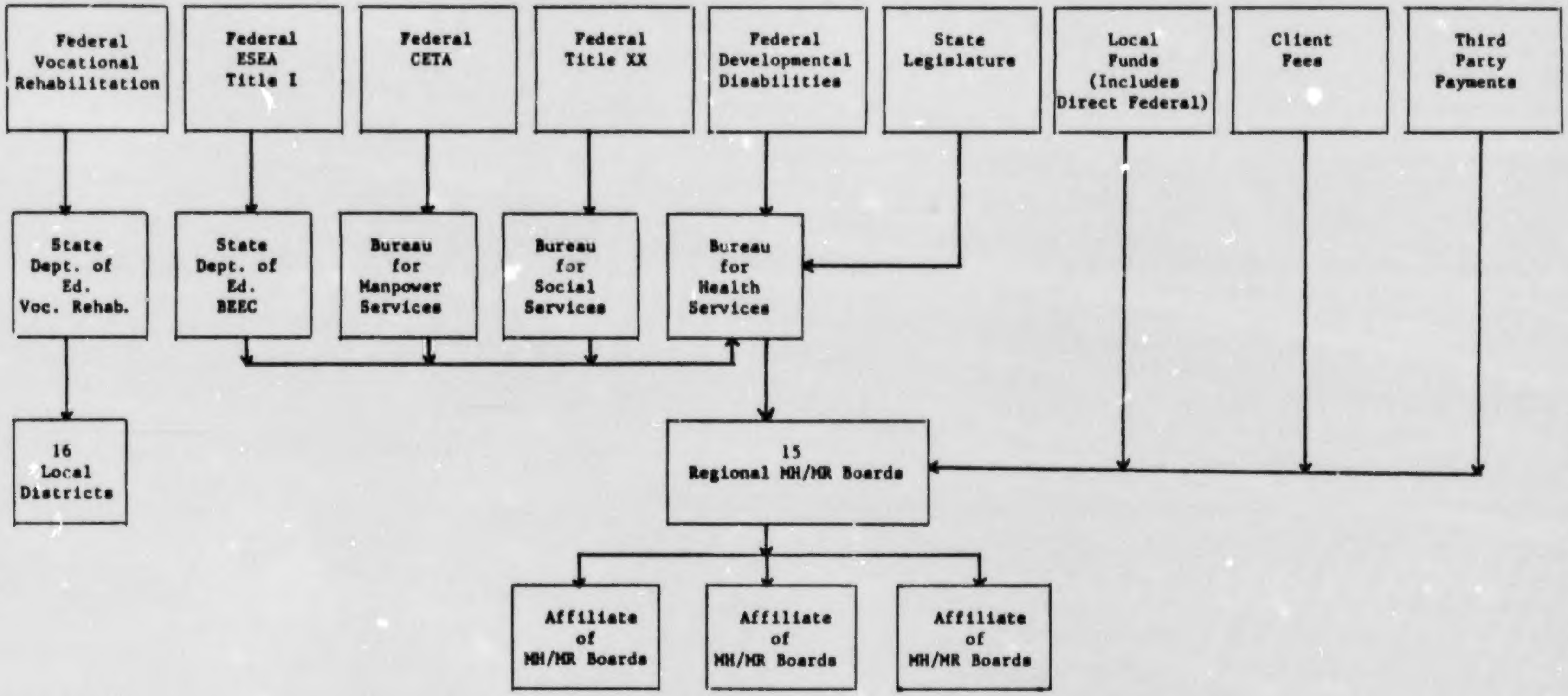
IV. PRIVATE INSURANCE

This type of reimbursement involves a contract or policy in which the insurer agrees to cover the cost of losses that may or may not occur (the risks) for the insured individual or group. The policy is written for a specific benefit period and requires a set fee or premium. These policies may be issued to individuals or groups. Some types of insurers are commerical carriers, Blue Cross/Blue Shield and independent plans.

Center services provided by policy stipulated personal are eligible for reimbursement. However, the majority of clients served by centers do not carry private insurance. As centers begin being frequented more regularly by the "middle class" that are more likely to carry private insurance, these funds will begin to increase. However, they probably will not account for a large portion of a center's overall budget for quite some time to come.

Sources And Flow of Dollars for Mental Retardation

Services In The Community


Federal Vocational Rehabilitation
Federal ESEA Title I
Federal CETA
Federal Title XX
Federal Developmental Disabilities
State Legislature
Local Funds (Includes Direct Federal)
Client Fees
Third Party Payments
State Dept. of Ed. Voc. Rehab.
State Dept. of Ed. BEEC
Bureau for Manpower Services
Bureau for Social Services
Bureau for Health Services
16 Local Districts
15 Regional MH/MR Boards
Affiliate of MH/MR Boards
Affiliate of MH/MR Boards
Affiliate of MH/MR Boards

Source: Administrative Service Branch
Division for Community Services for Mental Retardation

SOURCES AND FLOW OF FUNDS TO STATE OPERATED FACILITIES

I. Title XIX (Medicaid)

These funds are received from the Bureau for Social Insurance to pay for services rendered to eligible Title XIX recipients. Payments are based on an annual cost report filed with Kentucky's Medical Assistance Program (KMAP) KMAP will pay the average cost per day for routine services up to a mimimum amount per day and also, the cost of any covered ancillary services (such as X-Ray, Drugs, Physical Therapy, etc.). The facilities receive the funds by submitting actual billings on a periodic basis.

II. State General Funds

For information on how facilities receive these funds, please refer to the budget request process. There are no restrictions as to what income level an individual must have before payment will be made on his or her behalf.

III. Other Agency Receipts

This includes receipts from private insurers, private pay and miscellaneous receipts (meals to other than patients, sale of drugs to others than patients, etc.). The guidelines for receipt of private insurance varies according to the company while, the others mentioned above are received based upon cost and their ability to pay. These sources account for less than 2.7% of the annual revenue of the facilities.

IV. Title I (P. L. 89-313)

These funds are received from the Department of Education and are, hence, educational in nature. The facilities receive a certain amount of funds annually based on the number of eligible children in residence at the particular facility.

V. School Lunch Program

These funds are also received from the Department of Education. This program reimburses the facilities for certain dietary related expenses. Reimbursement is on an actual cost basis determined by the completion of a cost report that is prepared on a monthly basis. Currently, all residents of a facility are eligible for this program.

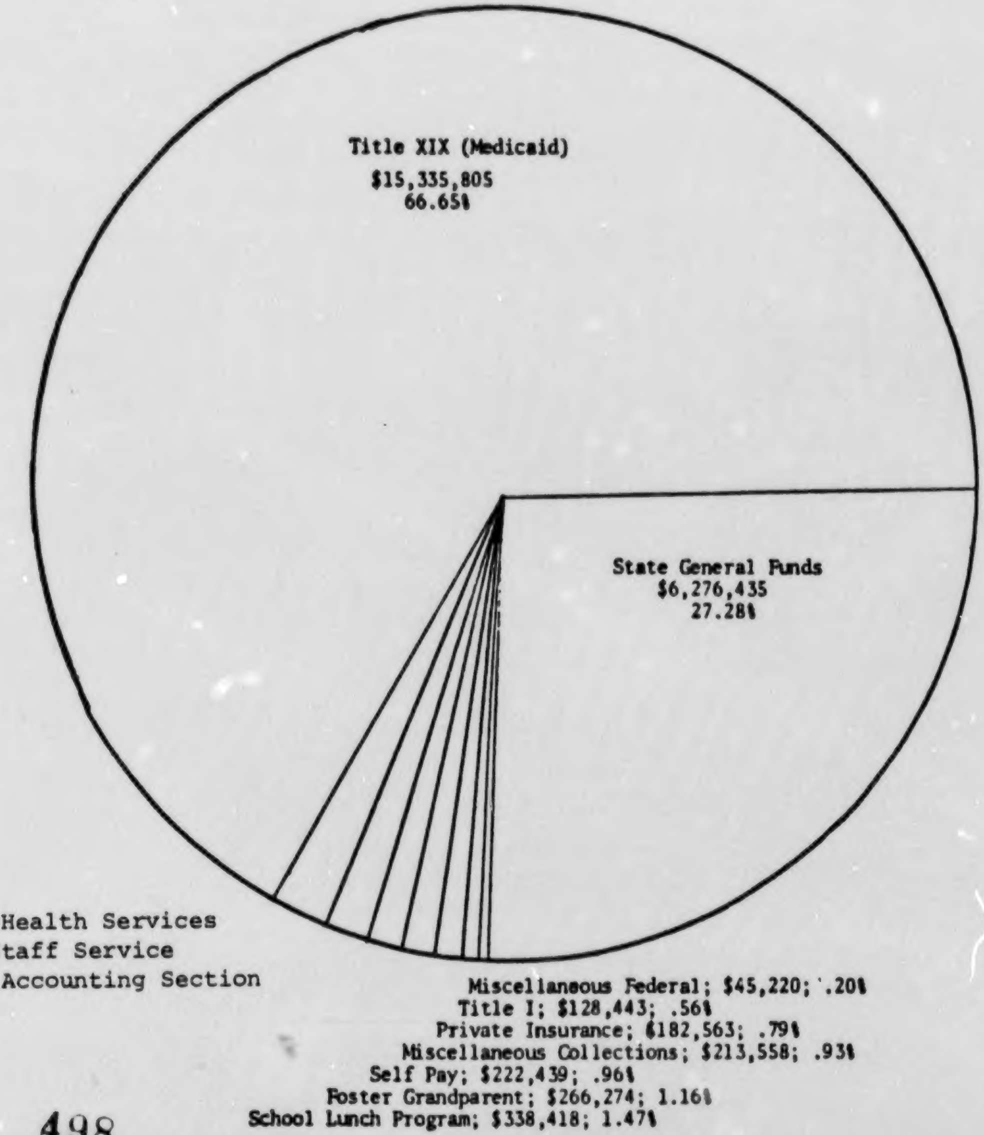
VI. Deaf and Blind Grant

This is a contract with the Southeast Institute for Deaf and Blind Children located in Alabama. The funds (Title VI) originate from the U. S. Department of Education, are in the form of a contract for services and are reimbursed based on actual expenditures.

VII. Foster Grandparent Program

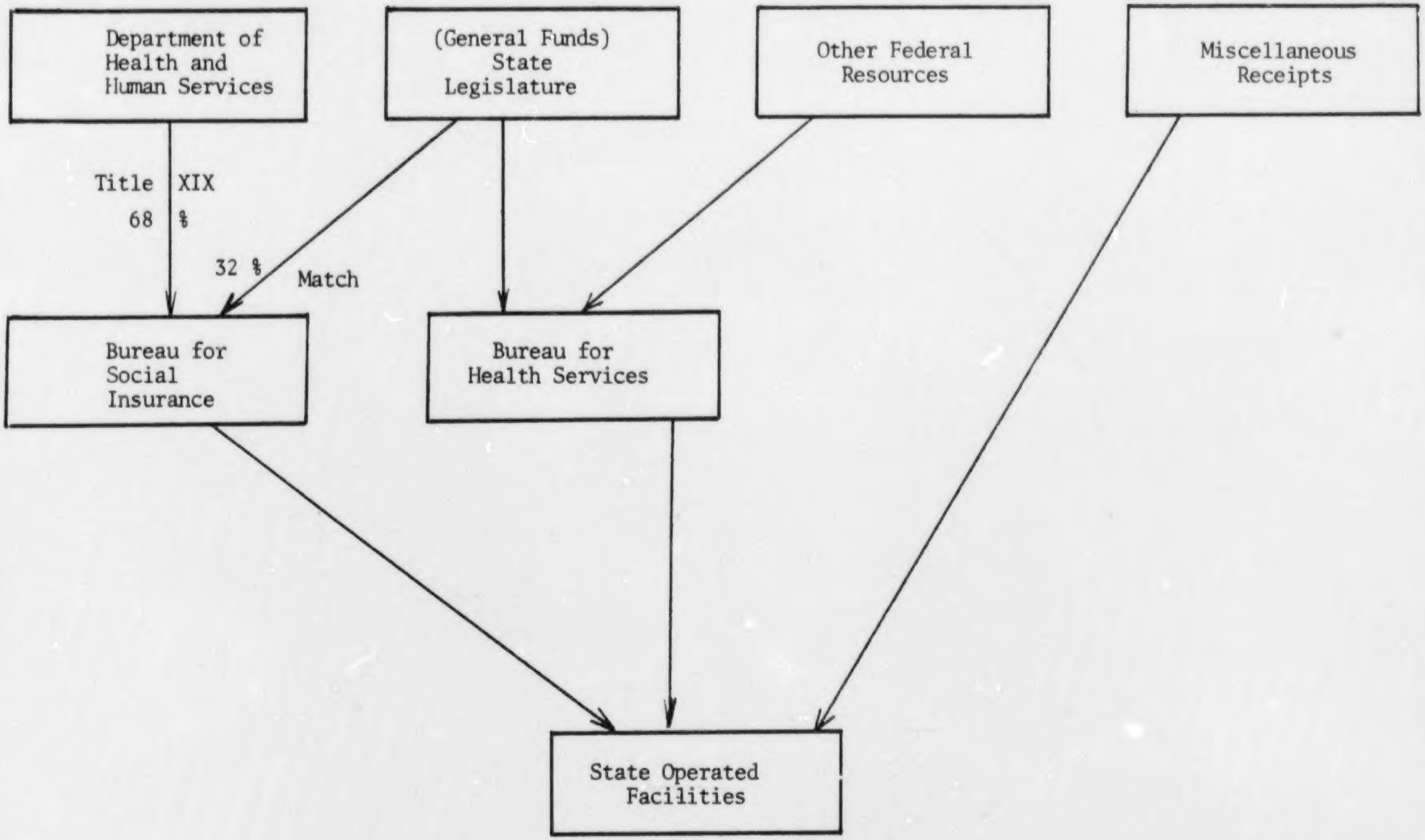
These funds are received from ACTION, a Federal agency. The program reimburses aged persons for their time spent with residents in our facilities. Reimbursement to the state is based upon the receipt of an actual expenditure report.

FY 1980 - 81 Funding Sources For Mental Retardation Facilities



Source: Bureau for Health Services
Office of Staff Service
Budget and Accounting Section

FLOW OF FUNDS CHART FOR FACILITIES


Department of Health and Human Services
(General Funds) State Legislature
Other Federal Resources
Miscellaneous Receipts
Title XIX
68 %
32 %
Match
Bureau for Social Insurance
Bureau for Health Services
State Operated Facilities

Source: Bureau for Health Services
Office of Staff Services
Budget and Accounting Section

REGIONAL FUNDING

This section shows funds spent (expenditures) during state fiscal year 1980-1981 which began July 1, 1980 and ended June 30, 1981 and includes both state and federal funds. Federal funds are allocated from the federal government to the state on a federal fiscal year which begins October 1st and ends September 30th. The DD (PL 95-602) and Title I funds (PL 89-313) indicated as spent in this section include federal carry-over funds from previous federal fiscal years (1979 and 1980) and also include funds from federal fiscal year 1981. Unspent state funds do not carry-over into the next fiscal year.

This section only describes funds spent by the fifteen Regional Mental Health Mental Retardation Boards. They currently receive the majority of funds allocated by the State for services to persons with mental retardation and/or developmental disabilities. For a detailed description of the fifteen regions and the types of services they provide (directly or through affiliate agreements) please refer to Chapter 4 of this Plan which is entitled The Current System.

The types of services included in the Services Types described in the Regional Funding Section for fiscal year 1980-1981 include the following:

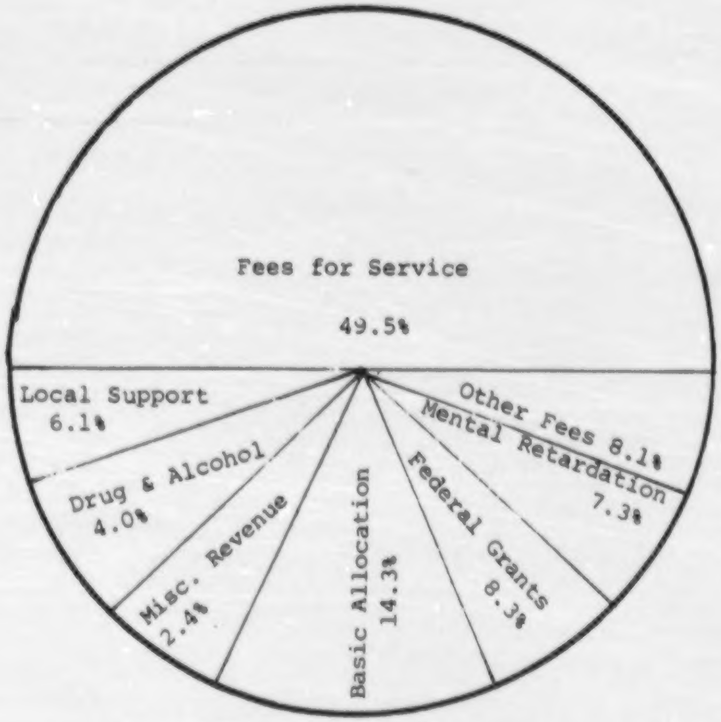
New Neighbors-provided first phase funding to support an array of individualized residential, vocational, educational and support services for persons returning to live in their home communities in seven regions in the state.

Residential-personnel or project costs related to: group homes, specialized family care homes, community training homes, apartment living projects and community based respite services.

Educational-personnel or project costs related to: early intervention services, infant stimulation, pre-school services and integrated day care services. Also included in this category are all Title I funds spent during 1980-1981. Title I funds are used to supplement the level of state and local funds available for the education of children with handicaps (aged birth-21).

Support Services-personnel or project costs related to: Regional Directors, case management services, citizen advocacy services, administrative costs related to mental retardation service delivery, recreation/leisure services, transportation, behavior management services and community adjustment services.

FY 1980-81 Budget Allocation
From All Sources For The 15 Regional MH/MR Boards

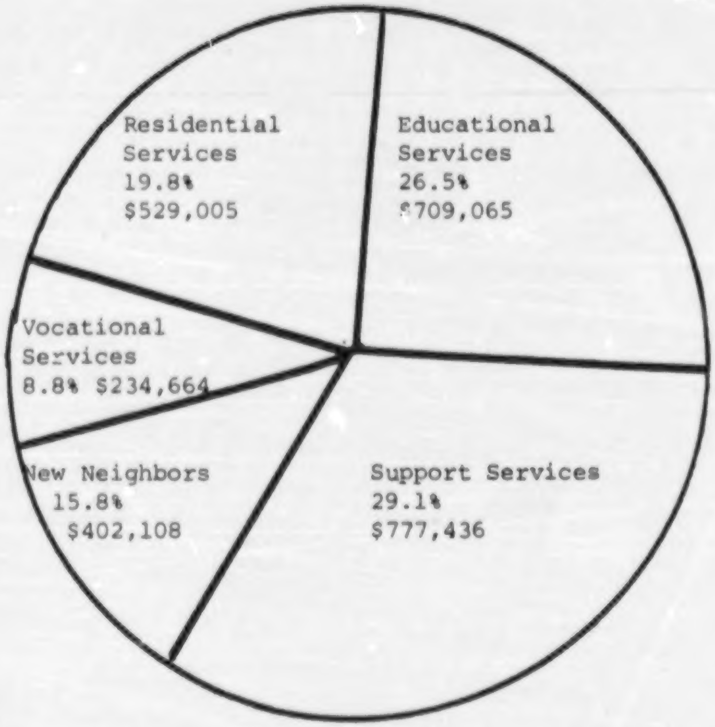


REGION	% OF FUNDING FOR M.R. SERVICES *
1	7.0%
2	7.0%
3	9.0%
4	2.0%
5	5.0%
6	5.0%
7	5.0%
8	14.0%
9	5.0%
10	4.0%
11	8.0%
12	6.0%
13	7.0%
14	13.0%
15	3.0%

* Includes DD (PL 95-602), Title I (PS 89-313), Title XX and State General Funds. Specific figures for portions of other funds used for menal retardation services were unavailable. Other funds used for mental retardation services include but are not limited to: Fees for Service, Local Support, Misc. Revenues and Basic Allocation.

Sources: Community Mental Health Center Branch (figures)
Division for Community Services for Mental Health
Administrative Services Branch (chart)
Division for Community Services for Mental Retardation

FY 1980-81 Expenditures for Services for Persons with Mental Retardation by Type of Service*



Region	% OF FUNDING BY SERVICE TYPE				
	NNP	RES.	ED.	VOC.	SUP.
1	3.0	3.6	8.0	0	6.0
2	0	1.5	8.3	17.3	3.3
3	33.5	5.6	5.8	0	6.0
4	2.0	3.2	3.4	0	5.2
5	2.5	8.3	4.8	3.7	2.2
6	19.3	22.5	7.0	1.3	23.2
7	0	22.7	6.7	1.4	13.0
8	0	21.1	4.3	11.0	2.8
9	2.3	1.2	0.3	3.2	5.0
10	0	0.4	6.4	0	9.5
11	0	2.4	7.7	19.4	7.5
12	0	0	5.2	0	5.2
13	8.7	0	10.2	37.9	1.3
14	28.7	0	5.9	4.8	3.4
15	0	7.5	16.0	0	6.3

Service Types:

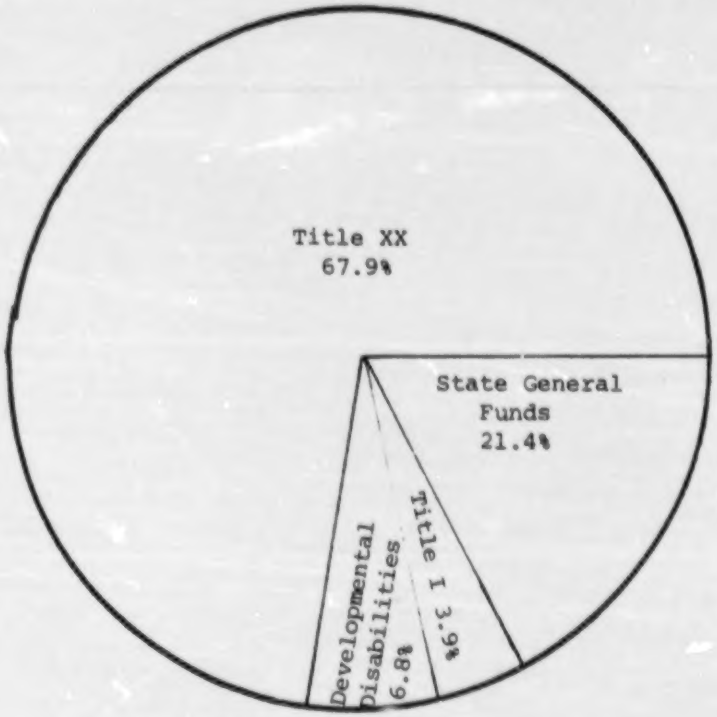
NNP = New Neighbor Program
RES = Residential
ED = Educational
VOC = Vocational
SUP = Support Services

Sources: Office of Staff Services (figures)
Bureau for Health Services
Administrative Services Branch (chart)
Division for Community Services for Mental Retardation

---

* This includes the following funding sources administered by the Division for Community Services for Mental Retardation: State, Developmental Disabilities, and Title I.

FY 1980-81 Funds Expended For Services To Persons With Mental Retardation By Source*



Major Sources	Amount	Percent
State General	$1,788,020	21.4%
Developmental Disabilities	$ 564,037	6.8%
Title I	$ 321,207	3.9%
Title XX	$5,665,242	67.9%
TOTAL	$8,338,506	100.0%

* Please note: These figures represent the major funding sources for MR Services. Specific figures for portions of other funds used for mental retardation services were unavailable. Other funds used for mental retardation services include but are not limited to: Fees for Services, Local Support, Misc. Revenues and Basic Allocation.

Sources: Community Mental Health Center Branch (figures)
Division for Community Services for Mental Health
Administrative Services Branch (chart)
Division for Community Services for Mental Retardation

HISTORICAL PERSPECTIVE

STATE OWNED FACILITIES EXPENDITURE AND POPULATION IN THE HISTORICAL PERSPECTIVE

For someone to have a complete understanding of the chart entitled "Expenditure and Client Data - Historical Prospective," there first must be an awareness of the various factors affecting these trends. A partial list of these factors is licensure standards, inflation, programmatic changes, etc.

Inflation plays a large part in changes to cost as a result of increases/decreases in the Consumer Price Index (CPI) published by the U.S. Department of Labor. The CPI's for the health care industry have been 10.0%, 13.2% and 10.3% for the years 1977-1978, 1978-1979 and 1979-1980, respectively. The affect of this for comparative purposes is:

	Actual Costs*	Costs w/CPI*
1977-78	$17,187,500	
1978-79	$20,000,000	$18,923,438
1979-80	$22,500,000	$21,421,331
1980-81	$23,125,000	$23,627,728

* Source: Bureau for Health Services
Office of Staff Services

Also, the licensure and regulation standards require a certain level of staffing per resident population. During the period from August 1978 through the 1979 fiscal year, two of the mental retardation facilities were not up to the standards. Thus, there was a cost escalation due to the hiring of staff. This partly is the reason for increased cost.

The resident population has remained relatively constant, with the exception of the reductions late in the 1981 fiscal year. This was due to the reduction in the resident population at the Outwood facility in preparation for a new smaller facility.

Other than those mentioned above, there are no extraordinary factors occurring which would affect the trends shown on the chart.

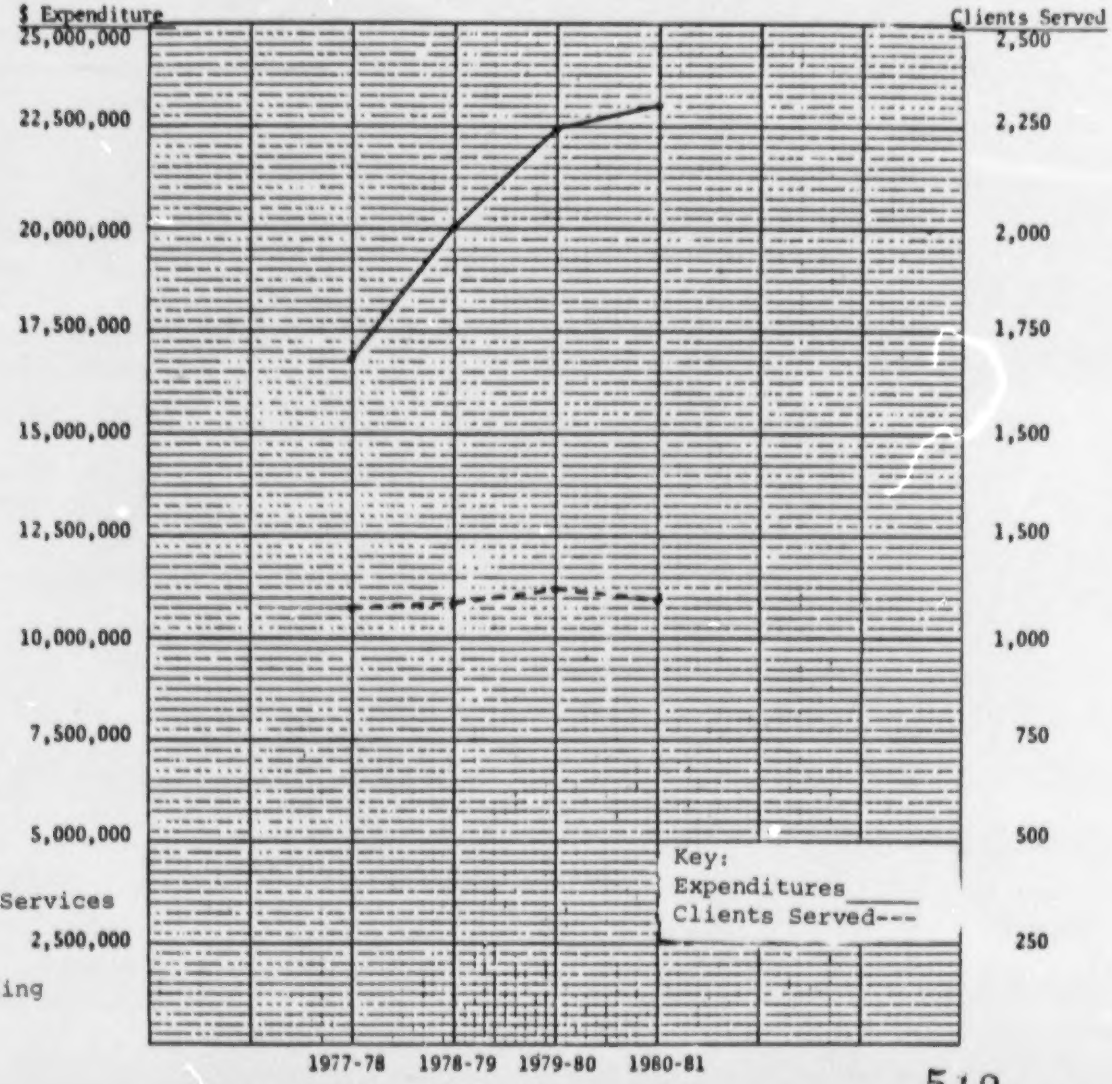
EXPENDITURES FOR COMMUNITY SERVICES IN THE HISTORICAL PERSPECTIVE

Beginning with fiscal year 1978-1979, the Department for Human Resources began to place additional emphasis on developing community service for persons with mental retardation. During this fiscal year "New Direction 79" was implemented to enable each comprehensive care center to improve, expand and establish community-based program.

In 1979-80, continuation funding was provided with general funds, plus new services for Case Management and Infant programs (Infant Stimulation/Pre-School) were allocated from DDSA funds. During this fiscal year, money was also made available for Mental Retardation Directors.

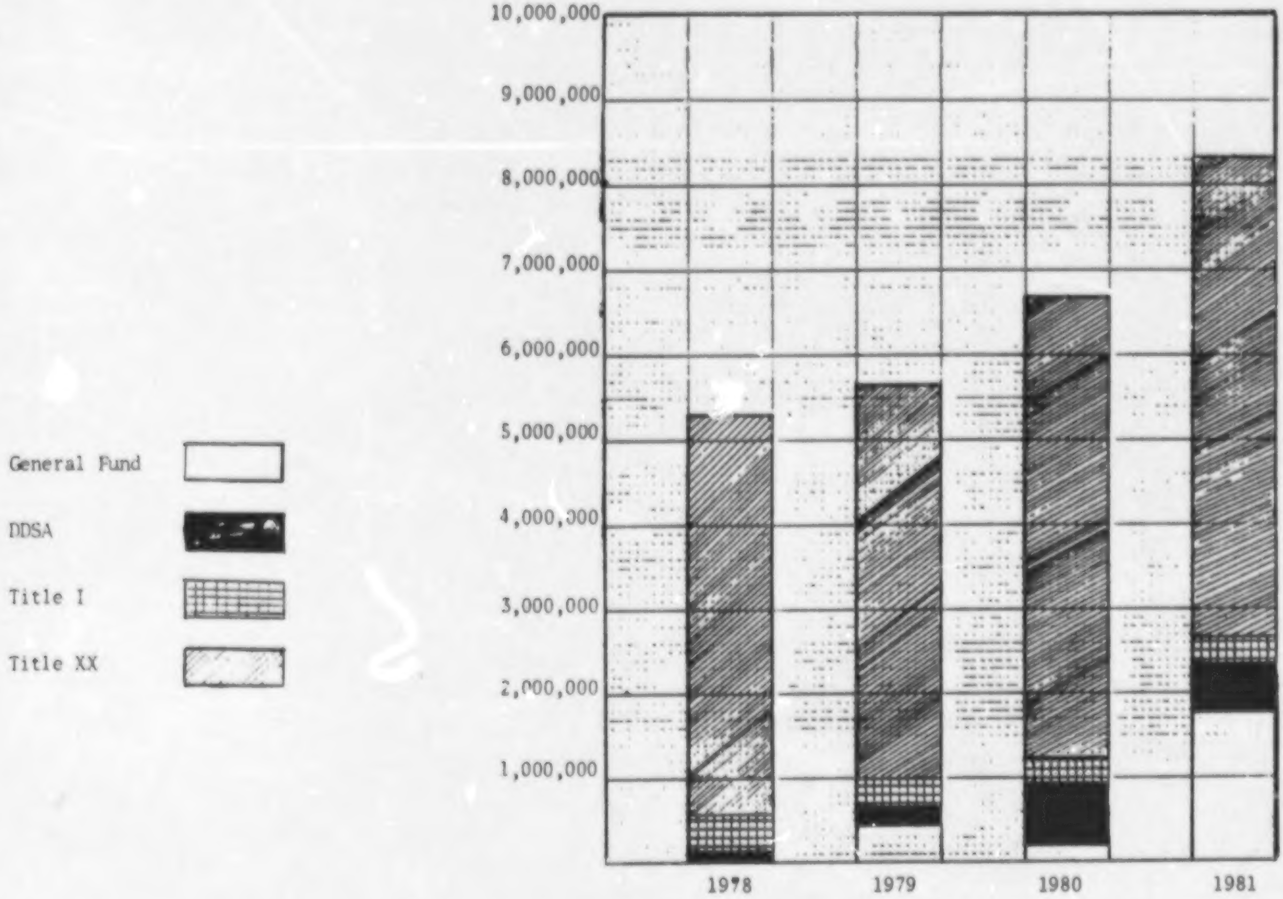
The "New Neighbors" project that began in 1980-81 brought expansion of both dollars and services to the local communities as this project is designed to move persons with mental retardation from institutions to appropriate community-based settings within their home communities. The availability of additional general funds made the New Neighbors project possible without jeopardizing the existing community programs that were already in place in each community.

Mental Retardation · Facilities
Expenditure and Client Data - Historical Prospective



Source: Bureau for Health Services
Office of Staff
Services
Budget and Accounting
Section

Community Mental Retardation Funding
Historical Prospectus



513

APPENDICES

ACKNOWLEDGEMENTS

The development of this plan was made possible because of the efforts of many people. Special recognition is extended to the following persons/agencies without whom this Plan would not have been as comprehensive or beneficial:

Mr. Larry Knight, Council Chairperson
Kentucky Citizens' Planning Council for Community Mental Retardation Services
Regional Mental Retardation Planning Committees
Regional Community Mental Health-Mental Retardation Boards & Staff
Division for Community Services for Mental Retardation, Ed Skarnulis, Ph.D., Director and Staff
Marie Allison, Legal Counsel
Paul Sawyier Library, Frankfort; Elkhorn Elementary School, Frankfort; Lexington-Fayette County Health Department, Lexington; Hopkinsville Public Library, Hopkinsville; Cumberland River Comprehensive Care Center, Corbin; for providing meeting rooms.

Planning, Copy, Editing and Design:
Lois Rood, Omaha, Nebraska
Lyn Rucker, Lincoln, Nebraska
Linda Wainscott, Division for Community Services for Mental Retardation
Deb Miller, Kentucky Developmental Disabilities Planning Council
Pamela R. Werder, Ph.D., Division for Community Services for Mental Retardation

Special recognition also goes to Martha Perske, award-winning free lance artist, and to Tom Scott for permitting the use of their illustrations.

REGIONAL PLANNING COMMITTEES

REGION I

Larry Knight
Salley Nesler
Orene Russell
Russ Wolfe
Allen Beane
Helen Cleavinger
Ron Barrett
Jerry Adams
Willis Green
Bob Jones
Peggy Williams
Thomas Carlisle
Nancy Lovett
Mary Criswell
Curtis Hixon
Sue Gilford
Judy LeFevre
Eleanor Kodman
Lee King

REGION II

Yvonne Latham
Ken Guessetto
Margaret Litchfield
Peggy Harris
Donald R. Brooks
John Ray
James M. Wisby
Alan S. Johnson, M.D.
Fred Sapp
Clayton Lorenzen
Betty Sue Laffoon
Jean Powell
Sherry Litchfield
Dr. A. G. Kupisch
Susan Kupisch
Shirley Fooshee
Tom Turner
Susan Edwards
Larry Allen
Jack Morris
Gary Grag
Frank Pitzer, M.D.
Maxine Jones
R.C. Hamilton
Larry Brown
Ralph Stallion
Duncan Campbell, M.D.
Harry VonTobel, M.D.
Joseph Dripps
Perry Dukes
Linda Tomaro
John Tedder
James Whitledge

REGION III

Dr. Duane Miller
Terry Brownson
Mark Whittaker
Mary K. Lamb
Pam Moran
Bob Gray
Bill Horton
Russ Wilkie
Dianne Smith
Barbara Baskett
Lana Davenport
Cecelia Arbuckle
Pat Shrewsbury
Senator Delbert Murphy
Lillian McMaine
Loretta Tunstall
Kay Kloke
Glenda Miller
Mike Thurman
Betty Allard
Darrell Lodsdon
Paul Clark
Rose Clark
Lewis Guthrie
Gary Blair
Joyce Griffin

REGION IV

Faye Clark
Richard Shelley
Charles Gary
Tom Thompson
Dr. Charles Daniels
Carol Kersting
Dr. William Hourigan
Rev. Randle Dew
Dorothy Spencer
Ken Stayton
Bill Waldrop
Tommy Hudley
Bill Guthrie
Carol Stiles

REGION V

Bill Mobley
Betty Conn
Nancy McKay
Dan Simpson
Ginny Hamm
Astra Kidd, M.D.
Bill Bailey
Doris Hundleu
Rollin Rhodes, Ph.D.
Fred Smith
Sharon Scholl
Betty Maxson
Mary Lou Hall
Richard Appling
Matt Keiser
Larry Ooten
Betty Hahn
Roger L. Truitt
Ben Wright
Shirley Cain, R.N.
Jane Morganthal
Jim Keyes
Mary Ann Bueso
Liz Jenison
W. W. Perry

REGION VI

Charlie Baker
Martha Dittmeier
Dorothy Gabbard
Pat Hall
John Karman
Carolyn Keelen

April Kerr
Jim Kimbrough
Mary Ann Millet
Shirley Parker
Bart Perkey
Dr. Booker Rice
Bob Russell
Courtney Seitz
Natalie Semaria
Allan Steinberg
Dr. Jeff Strully
Terry Wheeler

REGION VII

Joe Reed
Dale Meyer
Diane Bahr
Ginny Ruschman
Glenna Mullins
Gene Archbold
Carol Marek
Lee Cordray
Clarence Lassetter
Dan O'Brein
Clarence Benedict
John Seifner
Judi Gerding
Dee Ritter
Kevin King
Kim Vocke
Phil Andriot
John Helton
Wilbert Ziegler
Delores Burke
Martin Huelsmann
George Stack
Vesta Moore
Mary Ellen Hackman
Ginger Paul
Ken Schmidt
Nancy Nelson
Thomas Murray
Robert Bathalter
Penny Cook
Janet Schwartz
Peter Fullwood
J. K. Reilly
Mary Ann Mulcahley
Bernard Lutkenhoff
Micheal Steo
J. E. Willett, Ph.D.
Marie Brown
Laura Payne
Dr. Allen Bernard
John Goeke
Jim Gerdin

REGION VIII

Sister LaVern Oldberding
Ray Kinney
Mike Duffy
Maurine Overly
Eugene Foreman
Frances Stahl
Mafalda French, R.P.T.
James Dowd
Johnny King
Tom Combs
Jim Rawlings
Nelson Henson
Stockton Wood
Jerry L. Taylor
Robert Brothers
Sharon Litton
Karen S. Graves
Pat Hickle
Rev. Everette Eastham
Mary Carol White
Beth Hillenmeyr
Linda Parsons
Lena Hamm

REGION IX

Dr. George Troutt
Dr. Dennis Edinger
Allen Holbrook
Gladys McCartney
Muriel Raines
John Hickman
Kenny Davis
Anna Harmon
Donny Martin
Bob Cooper
Alice Wechter
Tom Osborne
Harold Belcher
Ronnie Bailey
Roger Russell
Jean Ryan
Judson Edwards
Lydia Hood
Carol Jean Hoskins
Andred Bradley
Mrs. Bucky Ellis
Lisa Allen
Rev. Doug Ison
Rev. Easterling
Helen Stevens

REGION X

Sara Dunlap
Steve Gilmore
Brian Flannery
Bea Calhoun
Dr. Robert Goodpastor
Mary Strait
Lorene Kiser
Ted Connelly
Susan Johnson
Alice Hammon
Bill McClintock
LaHoma Crouch
Carla Hunter
Dave Kreher
Cathy Skaggs
Joan Blevins
Dr. A. K. Khanna
Edna Caudill
Willa Litton
Jim Wurts

REGION XI

Ray Brackett
Dr. Jerry Nelson
Sr. Eileen Schepers
Homer Marcum
Dr. Ronald Mann
Audrey Pratt

Ted Sanders, M.D.
Mary Nealy
Dr. Mary Fox
Bill Duke
Grady Conley
Debbie Tackett
Ruth Provence

REGION XII

Alice Whitaker
James McCail
Fern Wullichleger
Frances Johnson
Troy R. Eslinger
Fern Dalton, R.N.
Reg. Jay Von Handorf
Margaret C. Brown
Sr. Mary K. Drouin
Randall Smith
Herbert Curriden
Dosie Risner
Steve Turner
Joan Cornett
Earl Amis
Bertie Centers
Richard Chamberlin
Ted Holbrook
Paul Maddoz, M.D.
Earl Blanks
R. G. Hamilton
Doyle Thomas
Richard Jett
Nell Johnson
Sheri Campbell
Robert Schaeffer
Daisy Mattingly
Larry Lyons
Vernon Gay
Dr. Tim Carey
Damon Huff
Ida Asher
Danny Noble
Geraldine McDonald
G. V. Swan, M.D.
Cecil Holbrook
Marsha K. Banks
Laura Garriott
Cedric Craig, M.D.
Vernon Hall
Helen Cook

REGION XIII

Ginger Brashear
Dr. John Duke
Reba Moore
Dr. Jerry Boain
Joe Hardwick
Cristine Moore
John Jones
Jean Westbrook
June Wilson
Shirley Surface
Rev. Ed LeMaster
Lana Begley
Clyde Linville
Cora Laporine
Elizabeth Baker
Lucille Carloftis
Sue Hamm
Betty Smith
Joyce White
Mrs. Homer Massey
Mallie Blodsoc
Joan Asher
Opal Blackard
Ed Jenkins
Dr. Steven Morgan
Jean Ausmus
Kay Brown
Edna Westerfield
Fat Baker
Jim Simpson
Kay Simpson
Elizabeth Harris
Christy Hall
Coleman House
Clinton Elliott
Bill Adams
Shirley Bell
Joyce West
Valarie Brown
Jesse Philpot
Joyce Johnson

REGION XIV

Peggy Johnson
Jo Murley
Harold Cole
Elaine Wilson
Irene Vertress
Robin Connelly
Dr. Kathy Durham
Vickie Volk
Sonja Brown
Marilynn Chandler
Jane DeHart
Jane Reams
Catherine Feathers
Holland Moore
Mrs. Holland Moore
Lanny Whitley
Mrs. Lanny Whitley
Lorine Bernard
Velda Bell
Sr. Nancy Sutton
Samuel Phillips
Doris Reese
Harold Bone
Jerry L. Foster

REGION XV

Dorothy Miller
Dr. H. Mac Vandiviere
Alice Ransdell
Irene Nooe
JoAnn Berryman
Debra Spotts
Nathan Cohen
Walter Gattis
Daniel Howard
Mary Jo Mahan
Rev. Robert Wehage
Kay Smith
Phyllis Robinson
Dr. Melton Martinson
Chris Westover
Mary Virginia Bryant
Claude Bivins
Jack Baldwin
Francis Quinn

Pat Flynn
Rev. Clifford Pike
Gene Karsner
Asa Tipton
Karen Tyrer
Dr. Don Cross
David Gast
Dr. William Berdine
Jean Gossick
Dr. Lynn Ginger
Ann Welsh
Dr. Carol Cottill-Rolfe
Barbara Curry
Judith Sagath
Rev. Henry Pinkerton

PHOTOGRAPHS

PAGE	SUBJECT
iv	Kentucky Citizens' Planning Council
1	Larry Knight
8	Public Forum, Hopkinsville
11	Kentucky Citizens' Planning Council
61	Region I - Success Story - Kent Hall
77	Region II - Success Story - Shelby Green
85	Pennyroyal Services - Children
85	Pennyroyal Services - Adult
91	Region III - Success Story - Pinnochio's
103	Region IV - Success Story - HALPE
111	Fit - by - Eight - girl
111	Fit - by - Eight - boy
114	Barren River Services - Woman and Child with Ball
114	Barren River Services - Girl and Dolls
114	Barren River Services - Workshop
115	Region V - Success Story - Sue Boone
125	Region VI - Success Story - Kennedy Elementary School
135	Seven County Services - Workstation - Marcia Garrison and Sharon Lorraine Martin Making Bed
135	Seven County Services - Workstation - Marcia Garrison and Sharon Lorraine Martin Supply Cart
141	Region VII - Success Story - Reba Spencer
153	Region VIII - Success Story - Jesse Applegate
159	Comprehend Services - Cooking Out
159	Comprehend Services - Camping
164	Comprehend Services - Workshop
165	Region IX - Success Story - Tom Crouch
173	Region X - Success Story - Theater Unlimited
185	Region XI - Success Story - Jewell Ramey
197	Region XII - Success Story - John and Sharon Thorpe
207	Region XIII - Success Story - Keene Johnson

PAGE	SUBJECT
219	Region XIV - Success Story - Barry Faw
231	Region XV - Success Story - Wildcats
241	Bluegrass Services - Resturant
241	Bluegrass Services - Tom Shook, Day Care
241	Bluegrass Services - Industry